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OFFICIAL REPORT

OF THE

TRANSACTIONS

OF THE

SOUTHERN DENTAL ASSOCIATION,

LIBRARY
HARVARD UNIVERSITY
DENTAL SCHOOL

TWENTY-SEVENTH ANNUAL MEETING

HELD IN

ASHEVILLE, N. C.,

JULY 28, 29, 30, 1896.

MRS. J. M. WALKER, REPORTER.

PHILADELPHIA:
THE S. S. WHITE DENTAL MANUFACTURING CO.
1896.

HARVARD UNIVERSITY
SCHOOL OF DENTAL MEDICINE
LIBRARY

TRANSACTIONS

OF THE

Southern Dental Association.

SESSION OF 1896.

THE Southern Dental Association convened in twenty-seventh annual session in Asheville, N. C., July 28, 1896.

Officers of the Association.—John S. Thompson, Atlanta, Ga., President; Louis P. Dotterer, Charleston, S. C., First Vice-President; W. E. Walker, Pass Christian, Miss., Second Vice-President; T. C. West, Natchez, Miss., Third Vice-President; H. A. Lowrance, Athens, Ga., Treasurer; E. P. Beadles, Danville, Va., Corresponding Secretary; S. W. Foster, Atlanta, Ga., Recording Secretary.

Executive Committee.—W. R. Clifton, Waco, Tex.; Gordon White, Nashville, Tenn.; S. B. Cook, Chattanooga, Tenn.; V. E. Turner, Raleigh, N. C.; W. T. Arrington, Memphis, Tenn.; R. K. Luckie, Holly Springs, Miss.

The Battery Park Hotel had been selected as headquarters of the Association, and the meetings were held in the ball-room of that hotel,—a large, well-ventilated, well-lighted apartment, very well adapted to the purpose.

The meeting was called to order at 11 A.M., Tuesday, July 28; the President, Dr. John S. Thompson, in the chair.

After a prayer offered by the Rev. Dr. H. F. Chreitzberg, Mr. Lawrence P. McLoud was introduced to the Association. He said,—

MR. CHAIRMAN, LADIES AND GENTLEMEN, *and Dentists* (laughter):

A very pleasant duty is mine this morning. For to me has been assigned the duty of giving expression to the welcome which the dentists of Asheville, the citizens of Asheville, and the city of Asheville extend to you. I am not a dentist; I am a banker. I am not a tooth-puller; I am a leg-puller.

We do not usually contemplate a visit to the dentist with any great degree of pleasure; not with the feeling with which the maiden greets her sweetheart after a half-hour's absence, or that with which the young man greets the soft down upon his upper lip.

Your work is a useful work, a necessary work, but it does not give us pleasure to anticipate it! We approach your beautiful dental chairs with feelings akin to those with which the criminal approaches the fatal chair of the electrocutionist. At that dread moment the dentist appears to us lost to all feelings of human sentiment; devoid of the milk of human kindness. You are unkind to your own kind, to woman-kind, to girl-kind, to boy-kind. Seated in that fatal chair, with one hand you pry the mouth open, with the other you press hard and deep upon the tingling nerve, with your dental engine making more fuss than the empty coal-scuttle your wife has placed upon the stairs to greet you on your return from the lodge. Your only aim seems to be to push that tooth out through the top of the head, regardless of the presence of brains.

What is the origin of dentistry? Where did it originate? Is it a relic of the Inquisition, of the tortures of Dionysius? History fails to disclose its origin. But notwithstanding all this, gentlemen, I assure you that you are heartily and sincerely welcome. We welcome you though strangers, for we know that you must be gentlemen. We can only judge you by the standard of the dentists of our own city, and I want to tell you that no class of our citizens stands higher than our dentists, either as gentlemen or as otherwise useful members of the community. We are not afraid of you. We have had all sorts of people meet here. We have entertained Democratic and Republican conventions here, and when they have left us our bar-rooms still had enough stock to do business on. We have entertained an undertakers' convention, and after the gallant funereal knights have separated and gone, our doctors still had enough patients left to keep them from starving, and still pursued their time-honored career of working for the undertakers. We have entertained Methodist conferences, and after the departure of the bishops and preachers, the deacons and elders and laymen, we still had chickens to sell, and the lusty rooster still, as of old, in stentorian crows announced the dawning day. And we expect that after your departure from our city, carrying away with you, we trust, bright and happy memories of days pleasantly spent, some poor devils will even then have the toothache.

Get to your work. Enjoy yourselves. Make your visit here a visit long to be remembered. And when you go back to your homes, whether they be among the orange-groves and bananas of Florida, or whether among the sugar-cane paths of Louisiana, or the

wild prairies of Texas, or the iron and coal mines of Alabama, or the sweet-potato hills and watermelon vines of Georgia, wherever your homes may be, I want you to tell your friends that you came to Asheville, that you have here seen the grandest scenery that this continent can afford. Tell them that you have found here, shut off from the turmoil and strife of the outer world, a community of peace and prosperity and happiness; that you found no gold bugs and no silver bugs, but all sound money men; that you found a hearty and warm welcome, and that the people of Asheville were really glad to see you—even if you are dentists.

At the conclusion of this address the Chairman introduced Dr. J. Y. CRAWFORD, of Nashville, Tenn., the President of the American Dental Association, as the only man present competent to reply to the abuse heaped upon our loved profession by the preceding speaker, his only regret being that they had not been able to secure him as a subject in the clinics, in which case it might have been possible to get some satisfaction out of him.

Dr. Crawford said in substance that the gentleman to whose address of welcome he had been selected to respond had portrayed the dentistry of the fourteenth century perhaps, or of some remoter date, but his portrayal bore no resemblance to the enlightened dental surgery of the nineteenth century. The surgeon's table has been robbed of its horrors by dentistry, for it is to Horace Wells, a dentist of Hartford, Conn., that suffering humanity is indebted for the great gift of anesthetics, by which the operations, not only of dental surgery, but even the major operations of surgery are performed while the patient lies calmly sleeping.

The great art of dental surgery has done more to add grace to the span of human life than any other branch of surgery. The mouth is the great laboratory for the human stomach, and if it is not in condition to fully perform its functions, the whole body suffers. The growth of the art of dentistry is a compliance with the law of demand and supply; it is due to the universal prevalence of disease in the oral cavity. Why does America lead the world in dentistry? Because no people in the world is so seriously affected with disease of the oral cavity as the American people. And this is the country which gave birth to the first dental college, to the first dental journal, to the first dental society! By our present system of education the mental is cultivated at the expense of the physical, and as the result fully ninety-five per cent. of the American scholastic population is afflicted with dental caries. Is it not time to sound the alarm? Is it not a dangerous omen when the nervous system is so preyed upon that the sensitive ganglia in the teeth become the center of reflex nervous

affection, and the teeth are rotted out before they have completed their growth? The government should not undertake to do for the child what the mother should do for it. The child should stay with its mother till it knows right from wrong. The kindergarten system breeds death and disease; it rots out all the teeth. That one idea has destroyed more teeth than any other one factor. In Egypt it is proverbial that the children all have sore eyes. In America the school children all have rotten teeth. It has been said that there are not enough dentists in the civilized world to pull all the tartar off the American teeth, let alone the rottenness. And there is no apology, no excuse for this condition of affairs. We have come here to do something for the advancement of the greatest art of the century. If we are derelict in our duty, if we fall short in the accomplishment of our great aims, the civilized world will be injured in proportion to our shortcomings.

In the absence of all the Vice-Presidents, Dr. V. E. TURNER, Raleigh, N. C., was called to the chair, while the President read his annual address, as follows:

PRESIDENT'S ADDRESS.

BY JOHN S. THOMPSON, ATLANTA, GA.

Twenty-seven years ago to-day a mere handful of enthusiastic dentists, actuated by a true love for a noble profession, assembled in Atlanta, Ga., to form an association whose object should be "to cultivate the science and art of dentistry, and all its collateral branches; to elevate and sustain the professional character of dentists, and to promote among them mutual improvement, social intercourse, and good will."

Twenty-seven years ago to-day the Southern Dental Association was christened. In the days of its commencement even its promoters feared lest their cherished Association should find an early grave.

Difficulties presented themselves; crises came. The difficulties were met; revivals followed crises, and to-day as we look upon our Association we see her, born 'mid the ashes of a ruined city, reared in times of adversity, and after surmounting all obstacles, again assembled, but now shining with increased splendor; in name the same old Association, but in reality as different as its meeting-place of to-day from its birthplace of yesterday; as unlike as is a city in sackcloth wrapped in the ashes of its wealth, and a city surrounded by masterpieces of nature, endowed with nature's richest blessings, and embellished with the wealth of a Vanderbilt, a Coxe, and others; a city set upon a hill, whose light cannot be hid. Of such is the city of Asheville of to-day.

Fifteen years ago to-day the Southern Dental Association was the guest of the North Carolina Dental Association in this same city. We all remember the difficulty of access, the poor hotel accommodations. I remember one gentleman from Philadelphia who came to spend a week, but left the second day, giving as his reason that he couldn't find a bath-room in the town. On this very spot I was shown where the dogs of war were wont to belch out their fiery shells which left death and destruction in their path. How different now!

I congratulate you upon our delightful surroundings. The guests of this magnificent hotel, perfect in all of its appointments and the pride of the entire South, the very name and birthplace of our host, suggestive of true, genuine Southern hospitality, which cannot be surpassed, and the presence of these beautiful Southern women, all tend to make this an ideal meeting-place. I see no reason why we should not have a pleasant time.

I have thought that it would not be uninteresting to give a short history of the Southern Dental Association.

The meeting was called to order by Dr. W. T. Arrington, of Memphis, Tenn. Dr. James S. Knapp, of New Orleans, La., was elected temporary Chairman; Dr. W. H. Morgan, of Nashville, Tenn., temporary Vice-President; Dr. F. J. S. Gorgas, of Baltimore, Md., temporary Secretary; Dr. J. G. Angell, of New Orleans, La., Assistant Secretary.

After adopting constitution and by-laws, the following permanent officers were elected: President, W. T. Arrington, Tennessee; First Vice-President, William Reynolds, South Carolina; Second Vice-President, L. Augspath, Arkansas; Third Vice-President, J. G. M'Auley, Alabama; Corresponding Secretary, F. J. S. Gorgas, Maryland; Recording Secretary, John G. Angell, Louisiana; Treasurer, G. W. Redman, Kentucky.

New Orleans was selected as the next place of meeting.

The Corresponding Secretary read letters from several gentlemen, expressing their regrets at not being able to attend. One of these letters so impressed the members that it was ordered to be spread upon the minutes, and I take the liberty of reproducing it here:

FARMVILLE, VA., July 21, 1870.

W. H. MORGAN, M.D., D.D.S.:

Please accept my thanks with my acknowledgment of the circulars inviting me to participate with yourself and others in the effort to organize a Southern Dental Association. I extremely regret, in consequence of severe indisposition in my family, I shall not be able to be with you in Atlanta; but allow me to assure you that I am and will be with you and your confrères in full and cordial sympathy, with earnest wishes for the success of your laudable enterprise and in sanguine conviction as to the great good to result from the movement you are about to inaugurate.

I have long cherished the design of attempting such an organization of Southern dentists as you now contemplate, but from various causes have deferred moving in the matter. I now rejoice that the initiative has been taken, and as the "Southerns" have at last put their "hands to the plough," I trust there will be no looking back.

There is no egotism in the assertion that we have talent, skill, education, and energy enough in the South to build up and sustain an association that will not only honor ourselves, but will shed lustre upon our chosen calling, and keep dentistry fully abreast with all the sciences in the onward and upward march to light and perfection. Please, in my behalf, utter greetings heartfelt and strong to my brethren of the craft. All hail, my brethren! God speed your glorious work! Allow me to stimulate your zeal, to excite your enthusiasm, and to nerve your energies for the grand and noble work you have assumed. We have the material for a splendid edifice. We have skilled workmen, with cunning hands. We have what is better than the cedar of Lebanon, the purple of Tyre, or the gold of Ophir; we have a profession fully up in its requirements and its demands to the most exalted abilities, and we have a land and a country that will sustain and require the proudest achievements of genius.

What more inviting field, what more inspiring prospect could we desire? What brighter promises ever lit up the pathway of science or inspired the hearts of the votaries? And what stronger motives ever excited human action than now appeal to our Southern *esprit de corps?* I am now a little past the meridian of life. Nearly twenty-eight years ago I received the third diploma that was issued by the first and then the only dental college in the world. Dr. Arthur, of Baltimore, and Dr. Mackall are the only two graduates of a dental college older than myself, and they preceded me only one year. They graduated at the first commencement of the Baltimore College of Dental Surgery, and I at the second. I am the only survivor of my class, and of the faculty whose instruction I received Dr. Thomas E. Bond is now the sole survivor. I have lived to see nearly all my early associates, students, and teachers pass away, but I hope I may yet be spared to see my loved and native South, at least professionally, unshackled and disenthralled, to see her with her own well-sustained dental institutions, her own laboratories, and her own literature.

I regard the movement you are now inaugurating as one of most vital importance to dental surgery in the South, as one fraught with the gravest consequences, as one pregnant with good or evil for our loved calling and our no less loved country.

There must be no failure. We must achieve a success, and to that end I am with you, heart and soul, according to the measure of my humble capacity. I am ready to serve you and to co-operate with you in any way that may conduce to or promote the objects and purposes of the Association.

To prevent any possible misapprehension, I beg leave just here to say that *I am not* a candidate for any of the offices or honors of the Association. The post of "high private in the ranks" is the only position I aspire to in that capacity. I am ready to serve the Association to the best of my ability. With sincere wishes for your success and highest regards for you and your associates personally, I have the honor to be

Your obedient servant,

W. W. H. THACKSTON.

It is very interesting to note some of the discussion at this meeting, which was written in full in the minutes. Dental colleges as usual came in for their share, and several members were of the opinion that there were too many dental colleges, there being eight schools and five hundred students. I wonder what some of them would think now if they were to awake from their long sleep.

The second annual meeting was held in New Orleans, commencing April 14, 1870. Dr. V. S. Knapp, of New Orleans, was elected President for the ensuing year. The meeting seems to have been a very successful one; twenty-eight new members were received. After four days' session they adjourned.

According to adjournment, the third annual meeting was held in Charleston, S. C., April 12, 13, 14, 15, 1871. Twenty-five new members were received.

Professor W. H. Atkinson, of New York, was present as a delegate from the American Dental Association, and Professor Geo. D. Barker, of Philadelphia, from Pennsylvania Dental College.

Dr. F. Y. Clark, Savannah, Ga., was elected President; Dr. J. B. Patrick, Charleston, S. C., First Vice-President. Delegates were appointed to the American Dental Association soon to be held in Nashville, Tenn.

The fourth annual meeting was held in Richmond, Va., commencing July 30, 1872. Fourteen new members were elected. It was at this meeting that an effort was made to change the name of the Association. Dr. Clark, of Savannah, Ga., offered the following resolution, which had to lie over under the rules: "*Resolved*, That the name of National Dental Association be substituted for Southern Dental Association." This is the first record that I find, and, so far as I know, the first time that a National Association was ever suggested. It was at this meeting also that a committee was appointed, one from each of the Southern States, with a view of consolidating the New Orleans and Baltimore Dental Colleges, and endowing it by the Southern Dental Association.

The fifth annual meeting was held in Baltimore, July 29, 1873, Dr. A. M. Grant, of Abington, Va., President, in the chair. The attendance was good, and twenty-six new members were elected. Quite a large number of delegates from Pennsylvania dental societies and colleges were in attendance. A resolution was offered to have the Association members discontinue the use of rubber as a base for dental purposes, at least until after a decision of the suit pending in the Supreme Court. It was laid on the table. The resolution in regard to changing the name was taken up, discussed, and rejected. Dr. Robert Arthur, of Baltimore, was chosen President on the first ballot, and St. Louis, Mo., was chosen as the next place of meeting, July 28, 1874.

The attendance at the sixth annual meeting was small, there being only a dozen present at the first roll-call. Again a motion was made to change the name to that of National, but was afterward withdrawn. Dr. J. R. Walker, of New Orleans, was elected President, and Memphis, Tenn., the place for the seventh annual meeting, February 9, 1875, being Mardi-Gras day. I can find no minutes of either the seventh or eighth annual meetings.

The next record is of the ninth annual meeting, at Montgomery, Ala., April 11, 1877, when there was barely a quorum present. Dr. E. S. Chisholm, Second Vice-President, presided. An adjourned meeting was held August 14 of this same year, 1877, at Oakland, Md., conjointly with the American Dental Association, Dental Associations of Maryland and District of Columbia. Dr. William A. Atkinson, of New York, presided in the center, Dr. A. C. Ford, Vice-President of the Southern Dental Association, and R. Finley Hunt, of Washington, D. C., President of the Dental Association of Maryland and District of Columbia, as assistants. Dr. S. V. Cobb, of Nashville, Tenn., was elected President, and Atlanta, Ga., the place for the annual meeting—last Thursday in July, 1878.

No minutes of the Atlanta meeting in 1878, the next record being of the tenth annual meeting, held at Niagara Falls August 6, 1879. Dr. F. J. S. Gorgas, Baltimore, Md., was elected President.

The eleventh annual meeting was held at Augusta, Ga., July 8, 1870. At this meeting the name was changed, the word "National" being substituted for Southern. Dr. J. B. Patrick, Charleston, S. C., was elected President.

The next meeting, recorded as the twelfth annual, was held in New York city, in the parlor of the Sturtevant House, on August 11, 1870, one month before the Augusta meeting. After the election of members and transaction of other business, a committee from the American Dental Convention escorted the body to the session hall of their convention, where they received a cordial welcome. At a later session of the Southern a proposition was made to disband and join the newly-formed National Association. Dr. Carpenter, of Atlanta, Ga., moved an adjournment *sine die*, but this motion was lost. Drs. Chisholm, of Alabama; Ford, of Florida; Winder, of Maryland; Cobb, of Tennessee, opposed it most zealously. The name of National was dropped, and the name reverted to that of the Southern.

Dr. V. E. Turner, of Raleigh, N. C., was elected President, and the thirteenth annual meeting was held in Asheville, N. C., July 26, 1881. This was a memorable meeting to me, for it was here that I became a member of the Southern Dental Association. It was here that I first met the "tar heel" dentists, and I suppose it is due to

the superior sticking quality of North Carolina tar that I have been stuck on 'em ever since. The old North State should be proud of her dentists, for I know of no State that can produce a more progressive and thoroughly competent set of dentists than North Carolina. To give an instance of their progressiveness, we saw exhibited at Moorehead City (and I think a gentleman present has it in his possession) an oyster with an entire upper set of artificial teeth, said to have been made by one of your dentists.

Dr. E. S. Chisholm was elected President, and the fourteenth annual meeting was held in the city of Baltimore, Md., August 8, 1882.

Dr. L. D. Carpenter was elected President, and the fifteenth annual session was held in Atlanta, Ga., July 31, 1883.

Dr. H. J. McKellops was elected President, and the sixteenth annual meeting was held in Lexington, Ky., May 6, 1884.

Dr. A. O. Rawls, Lexington, Ky., was elected President, and the seventeenth annual meeting was held in New Orleans, March 31, 1885.

Dr. W. C. Wardlaw, Augusta, Ga., was elected President, and the eighteenth annual meeting was held in Nashville, Tenn., July 27, 1886.

Dr. W. W. H. Thackston, of Virginia, was elected President, and the nineteenth annual meeting was held at Old Point Comfort, Va., August 30, 1887.

Dr. B. H. Catching, Atlanta, Ga., was elected President, and the twentieth annual meeting was held in joint session with the American Dental Association at Louisville, Ky., August 28, 1888.

Dr. J. Y. Crawford, of Nashville, Tenn., was elected President, and the twenty-first annual meeting was held in Galveston, Tex., August 20, 1889.

Dr. John C. Storey was elected President, and the twenty-second annual meeting was held in Atlanta, Ga., July 15, 1890.

Dr. G. F. S. Wright, of South Carolina, was elected President, and the twenty-third annual meeting was held at Moorehead City, N. C., 1891.

Dr. Gordon White, Nashville, Tenn., was elected President, and the twenty-fourth annual meeting was held at Lookout Mountain, Tenn., July 26, 1892.

Dr. B. Holly Smith was elected President, and an adjourned meeting was held in Chicago, Ill., 1893, during the World's Columbian Dental Congress.

The twenty-fifth annual meeting was held at Old Point Comfort, Va., August 3, 1894, and Dr. H. E. Beach was elected President.

The twenty-sixth annual meeting was held in Atlanta, Ga., November 5, 1895.

And to-day we have assembled for the purpose of holding the

twenty-seventh annual meeting, which I sincerely hope will be both pleasant and profitable and productive of much good.

At our last meeting a committee was appointed to confer with a similar committee from the American Dental Association in regard to the union of the two associations to form a National Association. I have made an unsuccessful attempt to get these committees together at this meeting, but expect to have a report from our committee, and I do hope that some decided action will be taken in the matter. That a National Association is needed no one will deny, and if it becomes necessary for the American and Southern Associations to unite, I don't think that the Southern should stand in the way. I have been more impressed than ever with the fact that we should have a regular time for meeting: changing the time or leaving it to the Executive Committee causes confusion and delay, which is very much against the best interests of the Association.

So far as I know, since our last meeting, the grim reaper, Death, has not entered our ranks, but all of our members have been spared, I hope, for future usefulness and better things. For this we should be very grateful to an all-wise Providence who rules over the destinies of men.

Again thanking you, gentlemen, for the honor you conferred upon me in making me your presiding officer, I renew my promise to do the best in my power for the success of the meeting.

Dr. S. W. FOSTER, Atlanta, Ga. I move that a committee of three be appointed to take charge of the President's Address and report upon it later.

Seconded.

Dr. J. Y. CRAWFORD. There will be no profit in discussing an address of this character. It is an epitome of the history of our Association. I move, as an amendment, that the Committee be instructed to examine it as to its correctness, for it is important that these historical facts be verified, and that the Publication Committee be ordered to publish it in its entirety.

The CHAIR. There are some parts of the address that require discussion, as, for instance, the subject of the union of the two associations. Dr. Foster was correct in his motion.

Dr. CRAWFORD. I withdraw my amendment.

The CHAIR. I would suggest that Dr. Foster name in his resolution a time for the report of the Committee.

Dr. FOSTER. I will add: At the opening of the session to-morrow afternoon.

The Chair appointed Drs. Foster, Brabson, and Calvert as the Committee on the President's Address.

Dr. FOSTER. As Secretary of the Association, my duties are such that I beg to be excused from the Committee.

Dr. Foster's request was granted, and Dr. J. Y. Crawford appointed Chairman of the Committee.

In the absence of the Treasurer, Dr. B. D. Brabson, Knoxville, Tenn., was appointed Treasurer *pro tem.*, and the Secretary proceeded to call the roll.

A letter was read from Dr. B. B. Smith, Pensacola, Florida, tendering his resignation as a member of the Association.

In the absence of the books of the Treasurer, action upon the resignation of Dr. Smith was deferred.

The Secretary read a letter from Dr. H. A. Lowrance, Treasurer, in which he sent greetings and expressed his regrets at his inability to attend the meeting, and tendered his resignation as Treasurer.

The resignation of Dr. Lowrance as Treasurer was accepted, and nominations declared in order for Treasurer, to fill the unexpired term of Dr. Lowrance and to hold over for the following year.

Dr. Foster nominated Dr. B. D. Brabson, Knoxville, Tenn. There being no other nomination, on motion of Dr. R. K. Luckie the rules were suspended and the Secretary authorized to cast the unanimous vote of the Association in favor of Dr. Brabson, who was declared elected Treasurer of the Association.

The Secretary next read the minutes of the last meeting.

On motion, the minutes were approved as read.

Dr. V. E. TURNER read a report from the Executive Committee, making some slight changes in the printed program.

Report adopted.

The Chairman read a cablegram from Dr. Gordon White, in which he sent greetings and best wishes for a grand meeting, etc.

The SECRETARY. The Executive Committee constitutes the Auditing Committee on the Treasurer's books, which have just been received from Dr. Lowrance. I move that they be instructed to audit the books before giving them into the hands of the Treasurer elect.

Seconded and carried.

On motion, adjourned to 3 P.M.

AFTERNOON SESSION, JULY 28.

According to adjournment the Association was called to order at 3 P.M., the President in the chair.

The Executive Committee reported the duly approved application for membership of Dr. R A. Rush, Selma, Ala.

On motion of Dr. G. J. Friedrichs, the rules were suspended and

the Secretary instructed to cast the vote of the Association in favor of Dr. Rush.

Dr. Rush was accordingly declared elected to active membership in the Southern Dental Association.

The Committee of Arrangements announced that an invitation had been tendered the Association, as a body, to visit the Vanderbilt estate, either Wednesday, Thursday, or Friday, and that early action upon the invitation was requested, in order that final arrangements might be completed.

Dr. V. E. TURNER. It is not desirable to interrupt the work of the Association for *junketing*. We should do our work before we engage in fun. Let us devote Wednesday to business—the morning has been set apart for clinics, but we should have a session in the afternoon. If agreeable to the local Committee, we could go on Thursday afternoon.

Dr. S. W. FOSTER. I move that Thursday afternoon be set apart for the excursion to the Vanderbilt grounds.

Seconded and carried.

Report of Committee on Operative Dentistry called for.

Dr. E. L. Hunter,* Fayetteville, N. C., Chairman; Dr. S. H. McKee,* Americus, Ga.; Dr. E. P. Beadles, Danville, Va.; Dr. A. P. Johnston, Anderson, S. C.; Dr. L. G. Noel,* Nashville, Tenn.; Dr. W. B. Finney,* Baltimore, Md.; Dr. G. M. Rousseau, Montgomery, Ala.

Dr. A. P. Johnston, the only member of the Committee present at this time, having nothing to offer, the subject was passed temporarily.

Dr. V. E. TURNER. We are proceeding irregularly with the business of the Association. The minutes of this morning's session have not yet been read. The minutes should be read at the opening of every session, to remind any committees that have been appointed of their appointment, etc. I will therefore make a motion that the minutes of each session be read at the opening of the next session.

Carried.

The Secretary read the minutes of the morning session, which were approved and adopted as read.

Report of Committee on Prosthetic Dentistry called for.

Dr. Geo. Eubank,* Birmingham, Ala., Chairman; H. H. Johnson,* Macon, Ga.; C. L. Alexander, Charlotte, N. C.; J. T. Calvert, Spartanburg, S. C.; J. N. Jones,* Jacksonville, Fla.; B. D. Brabson, Knoxville, Tenn.; W. E. Walker,* Pass Christian, Miss.

Dr. C. L. ALEXANDER read the following paper:

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* Not present.

CASTING FILLINGS AND ABUTMENTS FOR BRIDGES.

It is always very difficult to unify and group under a single point the greatly divergent elements of human activity. But in general the salient point of a century is not hard to discover, for it is that characteristic which determines its physiognomy, its tendencies, its beauties, and its defects. If it were designated by a title, indelibly and peculiarly its own, the period which we are leaving would not be called otherwise than the age of inductive science. Knowledge has come little by little, and for the first time, since the creation of man, to be the directing power. From this power men expect much, and demand that the impossible must not be acknowledged by any worker in any department.

An epitome of scientific achievement has thus been given: "In the last ten years, by means of spectrum-analysis, science has made disclosures in the constitutions of the most distant heavenly bodies, their component matter, their degree of heat, the speed and direction of their motions; it has firmly established the essential unity of all modes of force, and has made highly probable the unity of all matter; it is on the track of the formation and development of chemical elements, and it has learned to understand the building up of extremely intricate organic combinations; it has shown us the relation of atoms in molecules, and the position of molecules in space; it has thrown wonderful light on the conditions of the action of electricity; it has renewed geology and palaeontology, and disentangled the concatenation of animal and vegetable forms of life; it has newly created biology and embryology, and has explained in a surprising manner, through the discovery and investigation of germs, some of the disquieting mysteries of perpetual metamorphosis, illness, and death; it has found or perfected methods which, like chronography and instantaneous photography, permits of the analysis and registration of the most fleeting phenomena, not immediately apprehensible by human sense, and which promise to become extremely fruitful for the knowledge of nature." In the face of such splendid, such overwhelmingly grand results, the world of men will not long put up with a man in his profession who cannot rid them of their infirmities.

The demand is made on the dental profession for a more perfect method of constructing artificial teeth. The idea now being developed by Drs. Bonwill, Walker, and others will help us to meet the requirements of nature in this direction. The demand was made that hurtful drugs be used in such way as not to injure either person or teeth, and that pain be not experienced from their use in extracting pulps, preparing cavities, etc. Cataphoresis is the answer that science has made to this demand, and it meets perfectly the require-

ments. The demand is likewise made for a successful method of dealing with a class of teeth that cannot be satisfactorily treated with the old method of filling and crowning.

It is my pleasure to-day to call your attention to a new method by which it is possible to perform an ideal class of work. As to its classification, you will have to decide whether it comes under the head of operative or prosthetic dentistry. So far as I have been able to learn, the idea presents a new field for the consideration and investigation of the progressive dentist.

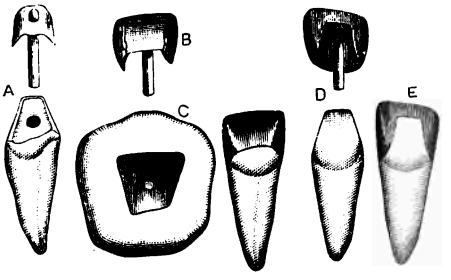
The fundamental principle is an old one, that of fusing and flowing metal over platinum sheet or foil. My method consists in detail of burnishing platinum over the surface to be restored; the holes for retaining posts having already been made, can easily be located and the posts adjusted therein. Then, by heating a little modeling composition over a spirit lamp and pressing it firmly down over the surface and allowing it to cool, we can remove the platinum sheet and posts in correct relation to each other. We now invest and solder the posts with pure gold. The piece is again placed upon the tooth in the mouth, and, after carefully trimming and reburnishing, an impression is taken, and, when an occlusion is needed, it is made at the same time by the patient closing the teeth together before the impression material has become hard. The metal foundation will be drawn out by the impression compound when it is removed from the mouth. Each side of the impression thus secured is filled with any good investing material and placed in an articulator. After heating and removing the impression material, you can restore the contour of the tooth by building up with wax. Over the wax surface thus formed we burnish gold or platinum foil; if the former, it should be very heavy, say No. 60. A suitable portion of the wax being left uncovered, the work is cut away from the model and invested, with the exception of that part of the wax left uncovered by the metal. Through this opening all the wax is boiled out, leaving a matrix lined with metal, which acts as a carrier for the metal which is placed and fused within. I usually use 20 or 22 carat gold solder for this purpose. When pure gold is used, of course, the matrix must be lined with platinum throughout. When removed from the investment, the casting is finished and cemented to its position on the tooth, and then given a final finish. In bicuspids and molars, I frequently find it more convenient to stamp up the cusps, using pure gold, 35 gauge, for this purpose, as it can readily be made to conform to the grinding-surface of the occluding tooth.

Abutments for bridges (see Figs. 5 and 6) are practically made in the same way as the cast fillings, and when finished they are placed in position upon the teeth and a model secured, from which the

bridge is made in the usual way. The abutments of a bridge should be made of a higher fusing metal than the bridge proper.

In bridge-work the advantage gained by using the cast abutments is so evident, I feel it is only necessary for me to say that by the use of this system tooth-structure is saved in all cases, you avoid a display of gold from the labial aspect, secure a light and substantial piece of

FIG. 1.

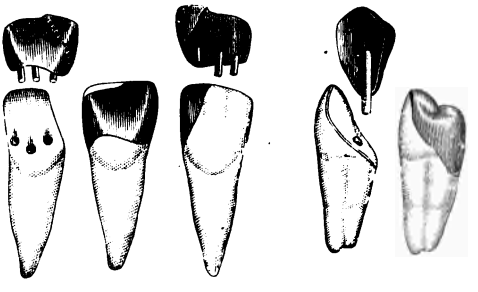


Showing details of the process for making cast filling for a devitalized incisor. A, Post with plate adapted; B, Restored contour in wax; C, The contour invested; D, Cast contour detached; E, The finished restoration.

work, free from overhanging margins, which provide a lodging-place for food-substance, a bed for the development of bacteria, which eventually brings disaster to the bridge, defeating the very object we had hoped to gain.

By the application of this method, bridging inclined teeth (see abut-

FIG. 2.



Restoration of incisor by cast filling. Pulp intact.

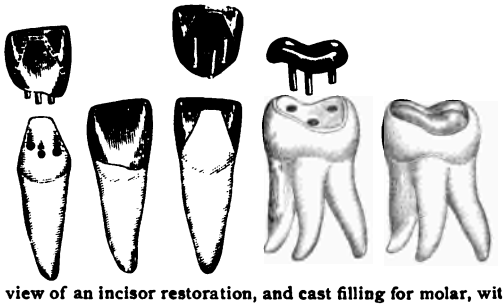
Restoration of bicuspid by cast filling; same extending under gum margin.

ment teeth in Fig. 5), even when the incline amounts to a deformity, becomes an easy matter, the operator having only to be careful to drill the retaining holes for the bridge posts parallel with each other.

In my opinion, which has been based upon a limited experience, the work will fill a long-felt need. In operative dentistry many cases

are presented where it is almost an impossibility to restore the lost part of a tooth by the old and accepted methods of filling.

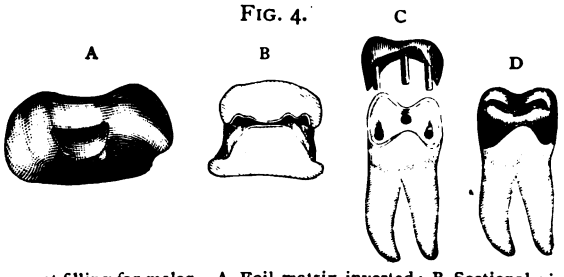
FIG. 3.



Front and back view of an incisor restoration, and cast filling for molar, with living pulps.

We can easily extricate ourselves from this embarrassment by constructing metal castings for these special cases, and it is for these extreme abnormalities that I recommend this class of work, and insist

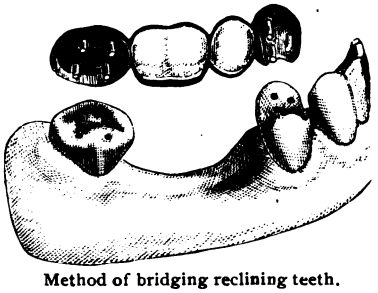
FIG. 4.



Details showing cast filling for molar. A, Foil matrix invested; B, Sectional view; C, Molar with cast filling detached; D, The finished restoration.

that it must be adopted or the profession stand the odium of being unable to meet the demand made upon it or of being unfaithful to those

FIG. 5.



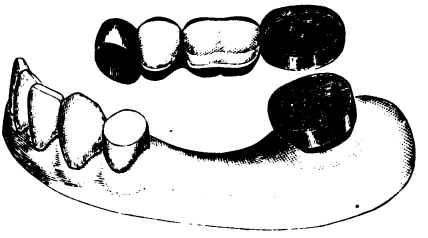
Method of bridging reclining teeth.

who have placed their teeth in its care. What I have been saying may savor of egotism, but it is that egotism born of the success of

actual experiment, and is based on that positiveness that correct scientific principles warrant.

You must not expect to get perfect results from the beginning; it will require time and careful manipulation to make a success of it. Your trained hand will soon grasp the situation, and you will be able

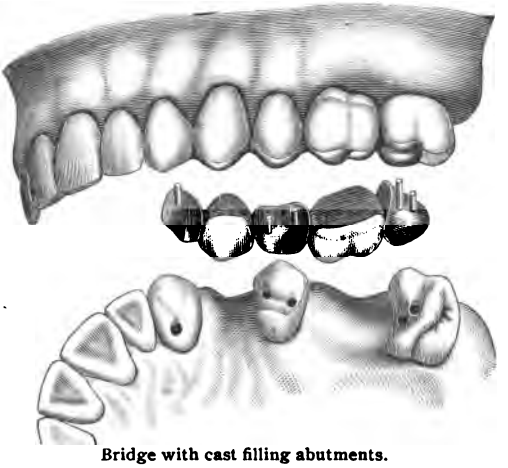
FIG. 6.



Usual method of bridging with inclined molar abutment.

to accomplish in an artistic and beautiful manner results which will be surprising, and in one-half the time required by the old methods. So far, the chief objection urged against the cast work is the possibility of the cement not standing. In refutation of this objection, I can only say that the adaptation of the casting to the walls of the

FIG. 7.



Bridge with cast filling abutments.

tooth, when made properly, is so perfect, it is hardly probable that we will meet with any trouble in this direction.

I am at work now on cements, and am meeting with some encouragement, and hope to succeed in making a cement which will be insoluble to such an extent as to stand the reaction of the fluids of the oral cavity.

DISCUSSION.

Dr. A. P. JOHNSTON, Anderson, S. C. I have not had much experience in this kind of work, but it does not look to me as if work of this kind, upon the inclined molars described (see Fig. 5), would stand the test of actual service. And there is no cement now on the market that will hold this kind of work ten years. I confess that I do not see the advantage over so shaping the walls of the abutment tooth as to slip a band over it for the bridge abutment. I cannot see how one could get sufficient hold in this work to secure such a bridge as is shown (see Figs. 5 and 7). I do not see how you can drill all these little holes and not set up irritation of the pulp. To me it seems that it would be exceedingly difficult to make such a piece to my own satisfaction, and even then I should not expect it to last. For restoring incisors, however (see Fig. 1), it seems to be a splendid idea, and I shall try it there when opportunity offers; but for the more extensive cases I do not think the cement has yet been made that will stand such service.

Dr. G. J. FRIEDRICHS, New Orleans. When this work can be successfully accomplished, it is far preferable to an all-gold surface. Cement, both oxychlorid and oxyphosphate, is one of the greatest blessings to the human race, and especially to the dentist. Where would be the bridge-work of to-day but for cement? Forty-four years ago we fastened crowns on with wooden pins! The work here represented is artistic and practical in its results. The only trouble will be to avoid showing too much gold, but in any case it is better than an all-gold covering, which is an abomination.

Dr. S. W. FOSTER, Atlanta, Ga. I have had considerable experience in making what I call "laboratory fillings." At the meeting at Old Point Comfort I read a short paper in which I described my method of making fillings very similar to these. I may say that I am an ardent advocate of this method of restoring contour. Dr. Alexander's method differs somewhat from mine, but it looks very plausible, and I do not see why it should not be a success. It all depends on getting a cement that will hold, when the restoration is extensive.

And if it answers for broken corners of incisors, why not for bicuspids and molars, as in Figs. 2, 3, and 4? Also for restoration of lost tissue in cases of erosion and abrasion, and in building down teeth that have been worn away from too direct occlusion?

In the latter case the strain is too great upon contour fillings of cohesive gold, and here these cast fillings will prove the greatest boon. As to the duration of the cement, I have never had to replace but one through failure of the cement. The secret of success lies in rolling the platinum very thin, *between copper plates;* this takes away

its elasticity, and you can get perfect margins. If Dr. Johnston will be a little careful in getting a perfect adaptation, these fillings will not come away. There will occasionally be a difficulty from lack of sufficient tooth-structure to drill the holes and not reach the pulp. It is necessary to have a thorough knowledge of tooth anatomy to secure proper anchorage and yet not endanger the pulp. Two years ago I described a case in which so large a portion of the tooth had been broken off that I feared it would be necessary to devitalize the pulp to fill in the ordinary way with cohesive gold, but that tooth is standing to-day with the laboratory filling as perfect as when I described it in the paper read at Old Point Comfort. This is really the only way in which to restore such a bicuspid unless the all-gold crown is used, and our esthetic patients don't want all-gold crowns. I must commend this character of work.

Dr. ALEXANDER. There is, of course, a possibility of these fillings coming off, but I have been doing this work for some time, and have not had a single case of failure yet.

Dr. J. Y. CRAWFORD, Nashville, Tenn. This class of work is about third in point of value; it ranks about third in point of strength of attachment. I like the system very well, however, and there is probably more in it than we would imagine; it is much stronger than one would think. The duration of cement is very variable, varying in different mouths. In some mouths it dissolves and disintegrates much more rapidly than in others. I take issue on the idea of burnishing platinum for a matrix. I prefer 24-carat gold, particularly for a restoration of contour in 24-carat gold. I should use platinum as a matrix only for a porcelain inlay.

Dr. G. V. I. Brown, of Duluth, Minn., has something on this order, and for large restorations I prefer Dr. Brown's idea,—a gold inlay, he calls it. After the cavity is thoroughly prepared with flaring borders, he fills it one-third full of wax before taking the impression. In setting the inlay the wax is replaced with cement in which the pins of the inlay are set, making a very desirable operation, having a body of cement in the center of the tooth with pure gold over it. Our large contour fillings move slightly in the cavity as much as this work, fill with all the care you can. Our cohesive gold fillings nearly all leak, but they quit leaking after a while. There are no undercuts to hold these mechanical fillings, and using the minimum quantity of cement they easily get loose. But Dr. Brown increases the bulk of cement, and it is protected until it gets hard. With the single exception of this feature I approve of Dr. Alexander's method very much. I like his hoods (see Figs. 5 and 7). If you have a sound tooth you need not mutilate it as in putting on a gold crown, and it is especially desirable to avoid an all-gold

crown in a lady's mouth. Often in making a piece you have to be very careful in trying it in the mouth if you have no guide pins, or it will not go in twice alike; and there is the same difficulty in getting a collar on twice alike: you are very liable to change the occlusion. But the guide pins give perfect adaptation. But I would increase the cement in the bottom of the cavity, though not at the margin.

Dr. ALEXANDER. If you will examine my models you will find that I use quite a quantity of cement.

Dr. CRAWFORD. You can readily use three guide pins. I once thought the idea was original with myself. In one case in which a gentleman was wearing an old-style gold plate with clasps, I suggested four hoods, two on the cuspids and two on molars, as liable to cause less injury. Two weeks later Dr. Marshall was in Nashville, and I showed him a case in which I had utilized a sound cuspid. When he returned to Chicago he called on a friend and found him making a hood. He said he had been using them for some time. I congratulated him upon his good judgment. There is no deficiency in strength of attachment, but that which arises from the susceptibility of the cement to the fluids of some mouths. It is not necessary to use very long pins. In bicuspids you can locate them in the cusps. In second molars, if the neck is constricted and the gums healthy, it is not necessary to put on a collar close down to or under the gum.

Dr. ALEXANDER. I would like you to examine these models and see if it would be possible for the cement to wash out with such a close fit.

Dr. CRAWFORD (after examination). It is possible, but not probable.

Dr. C. E. KELLS, New Orleans. I will not tell you how crowns were made forty years ago, but I do not advise bridge-work; there are too many failures. It may be due to climatic effect, but people from other parts of the country where the climate is not so desirable come to us with bridges that are loose; they will say that when it was put on they did not think it ever could get loose. But I reply, "If your own teeth did not last, how could you expect a bridge to last?" Where I make one, I refuse to make forty-nine. (Dr. CRAWFORD: Then you make forty-seven mistakes!) I am partially a convert to Dr. Parmly Brown's porcelain bridge-work; it is perhaps not so strong as gold, but it is so much nicer. In the cases shown by Dr. Alexander (Figs. 5 and 7) I should put in a porcelain bridge anchored in fillings, though I have never had such splendid results as we have seen figured in the *Cosmos*.

I anchor a porcelain bridge in gold fillings, if possible; if not, I do the best I can. As for cast fillings,—why, we often find cases where

we cannot keep the cavity dry enough for a gold filling. In such cases line the cavity with platinum and make a cast filling. I recently saw one that is now five years old. I could not keep that cavity dry enough to put in a gold filling. The weak spot is the cement. It may be the effect of our climate, but loose bridges come to us from all over the country, and I never advise one. Bridges inserted by incompetent dentists have done more harm than good dentists can repair in forty years.

Dr. A. P. JOHNSTON, Anderson, S. C. In order to get a perfect adaptation, the cement must be very thin and of a quality that takes a long time to harden. If it hardens quickly it is no good. A slow-setting cement, mixed very thin, will permit of perfect adaptation.

Dr. CRAWFORD. I challenge the moral force of Dr. Kells's teachings. I will state a case, that of an old lady of over seventy-eight years of age, very delicate, yet very anxious to live. All the conditions were very unfavorable, but I was influenced by her son to undertake the case. I calculated that three hundred and fifty to four hundred dollars would give the advantage of the best dentistry I was capable of. There were two things in the way. First, the severe ordeal she would have to go through with,—quite a little suffering to endure; and, second, the number of visits she would have to make to my office, and the time it would consume. But she said she was ready to undertake it. She had no money to throw away, but would trust me, and that as she had a good vehicle, the number of visits did not matter. I put her in two pieces of bridge-work, and she was delighted. For a needed third piece, on the left side, above, there was no attachment but a migrated second bicuspid and a perfectly sound cuspid. Since the removal of so many stumps, the bicuspid had again started on its march. I asked three dentists what to do about it. They said, put an all-gold shell crown on the cuspid. I felt it in my bones to cut that tooth off. She asked me if it would hurt much. She did not want arsenious acid applied. I was afraid of the shock from the pain of the surgical operation of cutting it off, so I put a shell crown on that sound cuspid. For the other support I put a collar on a root, with a guide pin, and put up that third bridge. Four months ago she lost the crown of that perfectly sound cuspid, but the old stump was as good as ever! The old lady said she feared she had not long to live, but said she wanted to look nice as long as she did live, so I took the bridge off. When I took the band off the cuspid root it fell all to pieces. Now, if I had done what I wanted to and cut that cuspid off, I am sure I should have done better by her. But I am sure that I added some years to her life and very much to her comfort. There were no signs of increas-

ing decline. She attributed much benefit to having been enabled to eat such food as she could not eat before.

In another case, sixty-three years of age, bridges enabled the patient to chew as she had not done for twenty years before. We should not quit because here and there we see failures. Twenty-eight years ago my upper lip swelled up to the end of my nose, and yet the stump of the offending tooth now carries four teeth with which I can bite corn off the cob. Seven dentists said it would not do, but one man knew better than that. The application of a bridge prolongs the usefulness of a tooth rather than injures it; it prolongs the longevity of a tooth. Dr. Kells, who says he refuses forty-nine out of every fifty cases proposed for bridge-work, has not yet grasped the full capabilities of this art. He spoke of bridges anchored in fillings, but when we remember how hard it is sometimes to make our plugs stay in even without any leverage, how can we expect them to bear the strain of supporting a bridge? The filling becomes the center of motion, and the bridge exerts a powerful leverage which we cannot expect any filling to resist.

Dr. R. A. RUSH, Selma, Ala. I am especially pleased with Dr. Alexander's method of filling that bicuspid (Fig. 2), if the tooth proves strong enough to bear it and cement will hold it. I had a case last week which would have been exactly suited for work of this kind. A solid gold crown is inartistic, especially in a lady's mouth; it is difficult to make the band fit perfectly beneath the margin of the gum. I did not think that in that case I could make a success of a Richmond crown. I think Dr. Alexander's cast filling would have been just the thing for that case. In so many cases of approximal cavities in the bicuspids the entire cusp is liable to split off notwithstanding all our carefulness. But this cast filling, with its retaining pins, will greatly strengthen the tooth if only the cement will last.

Dr. R. K. LUCKIE, Holly Springs, Miss. What was the condition of the pulp in that bicuspid?

Dr. RUSH. The pulp was dead. The tooth had amalgam fillings in both approximal surfaces, and had split in two down to the alveolar process.

Dr. R. K. LUCKIE. I have been very much impressed by my study of Dr. Alexander's models, and especially with that bicuspid, because in the past few years I have had several such cases, the first bicuspid split in the bifurcation of the roots. We find them troublesome to crown with either the Richmond or the Logan crown, and the all-gold crown is very objectionable. We have difficulty also in crowning the lateral incisors because of the small, contracted neck. They are not so well adapted to porcelain fronts as the centrals or the cuspids. Four or five years ago, I had a friend who had about

as good teeth as any of my patients. Unfortunately, in biting a piece of ice, he broke off the palatal cusp of the left superior bicuspid. The pulp was not quite exposed, but so nearly so that I thought it best to devitalize the pulp. I filled it with amalgam and made a good tooth of it. Two weeks later he broke the same tooth on the other side,—also a sound tooth,—and I treated it in the same way. But for those cases this cast filling, anchored in the root, would have been about as strong as an all-gold crown, and better because we can preserve the outer enamel face. In lateral incisors, where nothing is left but the labial wall, with a cast filling of this kind, anchored in the root, we would have a strong tooth. I do not see why the cement should get out any more than in setting a Logan crown. I had one case of a first bicuspid broken off below the gum, the root so short that I could use only a very short post. I had little confidence in it, and yet that tooth is good to-day. If you get a good cement and mix it properly, you can succeed; but there is an art in mixing cement, and we do not always get it just right. It is the same in mixing plaster,—our impressions are imperfect because we failed to mix the plaster just right; and it is so in mixing cement. I do not think it necessary to have it so very thin as Dr. Johnston has said. It should be of such consistence that it will go in easily, and yet not wash out readily.

I was recently working for a patient who appreciates her teeth, and who is ready to submit to anything, and pay any price to have her teeth saved. She had lost one bicuspid, and had only the outer wall standing; of the other,—I have kept it filled with cement for several years,—I now think the proper thing to do for that tooth is to remove the cement, devitalize the pulp, and restore it by means of a cast filling anchored in the root; it would then be good for many years. She has friends in Charlotte, and visits there. I told her two weeks ago I had a friend in Charlotte upon whom I would advise her to call for dental services. I have confidence in that bicuspid and in Dr. Alexander's method, and I shall recommend her to see him especially for that tooth, though she perhaps may not have it done. The pulp is nearly exposed.

Dr. H. E. Beach, Clarksville, Tenn. I came in too late to hear the paper, but from the drawings and what I have heard of the discussion, I think I see the idea. There is only one point I propose to make, and that is in regard to abutment caps in bridge-work. I have seen so much bridge-work loosened from the unequal strain upon the abutments at the ends of the bridge. I have been surprised to see men who make such beautiful operations use so little discretion in the matter of direction of force, which should be on a direct line with the axes of the roots which serve as abutments. We should

construct our bridges on the same principle as the engineer constructs his railroad bridges, which are destined to support heavy weights. His object in reaching from pier to pier is always to have the weight adjusted in a direct line perpendicular to the axis of his piers. So we should be careful to have the force of occlusion resisted in a direct line, with the axes of the roots serving as abutments; there would then be less trouble with loosened abutments and less complaint of poor cement. I want to make that point forcibly,—let the line of force lie in the direct line of the tooth of resistance.

Great stress has been laid on the strength of the cement, on the use of the proper kind of cement, etc., but you want to use common sense, practical judgment. Mix your cement stiff enough or as hard as you would use it for any other purpose, but do not have it too quick-setting. The Harvard cement sets slowly and gets very hard. You can make it as stiff as you like it, but use it squarely and gently and give time for it to go up; use pressure and force it up, press all the surplus out from under the band, and be sure that you have the band properly fitted at the cervical portion of the tooth.

Dr. A. P. JOHNSTON. Oxid of zinc and plaster of Paris, half and half, makes the best investment possible for crowns and small pieces of bridge-work.

Dr. J. Y. CRAWFORD. There are some present who are familiar with what I am about to say, but I will repeat it for the good there is in it.

I am one of those who believe that a man can practice dentistry, both operative dentistry and mechanical dentistry, and serve his patients better and get out of it all the good there is in it, if he will first deliberately question his judgment as to what is best to be done in each particular case. Do not drift into routine work, but study up each case as it presents.

Before you do anything (except for the immediate relief of pain), study the case well, to see which is best adapted of the various methods possible. In the same case one man would say, "certainly, save those teeth," but another might say, "remove them all." The great danger lies in specialism,—all of one kind. Too many good dentists are inclined to avoid mechanical dentistry. We do not care to come in competition with the cheap, no 'count mechanical dentist of the Cheap John class, and in that very way we throw the work into the hands of that class. We must do more work along that line ourselves, if we would cut him off. We must put a stop to that class of men who work only for the dollars and cents, and who pull out teeth indiscriminately because they do not know how to do anything else with them.

If dental surgery does nothing else than indoctrinate the medical world with a knowledge of the danger lying in the indiscriminate destruction of the human teeth, it will have accomplished a great work. I advocate the modern system of crown- and bridge-work. Since its introduction, it has doubled the work of high-class dentistry. We need a better class of mechanical dentists; it takes an artist to make a good set of artificial teeth. I want to commend the recent developments in swaging metal plates over a plaster die; it can accomplish results that are perfectly marvelous. Nothing can approximate a lower plate of aluminum, swaged over a plaster die, with rubber attachments. It goes in like a wafer, and there will be no ulcerative absorption in the lower jaw. If the teeth are imperfectly occluded, the lower plate moves and slips about, and hits the mucous membrane here and there till the tissue becomes hypertrophied, and finally there remains only a soft bed for the plate to rest on. But there is less absorption under an aluminum plate swaged between two metal surfaces and driven home on a plaster die; it fits so beautifully that you can bring out the rugæ in an upper plate. You have all seen those soft, mushy jaws, where all the anterior part is like a second tongue; but you will have no more of that if you will adopt the swaged aluminum. I earnestly recommend the process of swaging metal plates over the plaster die, and assure you you need not break the model.

(At this point the Executive Committee reported the application of Dr. J. M. Ayer, Raleigh, N. C., for active membership as duly recommended, and he was accordingly elected.)

Dr. CRAWFORD (continuing). I have a suggestion to offer for the setting of all-gold crowns and the abutments of bridges, which can be utilized in many cases. Take an isolated tooth, say a molar, with a living pulp, getting the crown very exactly fitted; putting it on and taking it off over and over again occasions a great deal of pain to your patient. But take an accurate impression of the tooth to be crowned and make a metal die. Utilize the bearing upon the end so that the crown will go on exactly the same way as upon the tooth in the mouth. Make your crown, and when completed let your patient wear it for twelve or twenty-four hours, without cementing it on, so as to make sure that the occlusion is all right, that the band fits perfectly at the gum-margin, etc. Now oil your metal die slightly, fill your crown with gutta-percha, warm it, and keep pushing it on and slipping it off, warming it slightly, until it goes home perfectly. You have crowded out all the surplus gutta-percha, and know that you have just enough left in the crown to set it, and that it fits perfectly. Then warm it again and slip it on the root, and you give your patient no annoyance and no pain.

Dr. ALEXANDER. I prefer to smear the tooth with gutta-percha dissolved in chloroform, and then set the crown with cement.

On motion, Prosthetic Dentistry passed.

On motion, adjourned to 2.30 P.M. Wednesday.

SECOND DAY.

Wednesday morning was devoted to clinics, R. K. LUCKIE, Holly Springs, Miss., Chairman.

AFTERNOON SESSION.

The Association was called to order again at 3 P.M., Wednesday, July 29; the President in the chair.

The minutes of the preceding session were read and approved.

The CHAIR. The regular order of business appointed for this time is the consideration of the report on the President's Address. The Chairman of Clinics, however, is desirous of having the clinics continued this afternoon, as some of the operations are not completed, and it will be inconvenient to some of the patients to be here again to-morrow morning.

Dr. LUCKIE, Master of Clinics. Some of the patients are obliged to leave this evening, and it is very desirable to have the clinics continued at present, as everything is in readiness.

Dr. G. F. S. WRIGHT, Columbia, S. C. I move that we accede to the desire of the Chairman of Clinics.

Carried.

The Executive Committee reported as duly approved the applications for active membership of Drs. F. B. Welch, Pensacola, Fla.; H. R. Jewett, Atlanta, Ga.; C. A. Bland, Charlotte, N. C.; C. H. Frink, Lake City, Fla.

On motion, the rules were suspended and the Secretary instructed to cast the ballot of the Association in favor of these applicants for membership, who were declared duly elected.

Dr. H. E. BEACH. We have with us to-day an old practitioner, a man of good standing in his own State Society and community; a man of fine character. He has not applied for membership, knowing the provisions of our Constitution and not being a regular graduate. Formerly, all dental practitioners in good standing were eligible to membership in this Association, but by a provision of the revised Constitution which was adopted last November all new members must be college graduates. I move that the privileges of the floor for this meeting be extended to Dr. S. Ewing Smith, of Florida.

The CHAIR read the section of the revised Constitution to which reference was made (Article II, Sec. 2).

Dr. V. E. TURNER. This is simply a question of courtesy to a venerable member of our profession, who has done us the honor of coming from his distant home in Florida that he may profit by our proceedings and take part in our deliberations. I second the motion that this courtesy be extended to Dr. Smith.

Carried unanimously.

Dr. S. EWING SMITH, St. Augustine, Fla. Gentlemen: I thank you very much for the courtesy thus extended to me. I have made no application for membership in your body, because I know that your by-laws bar me out. But I feel at home among you just the same, and at the proper time will make known why I am here, particularly as the bearer of certain papers. (Applause.)

ORAL CLINICS.

Dr. Luckie introduced, for the first oral clinic, Dr. S. W. FOSTER, who gave a clinical lecture, exhibiting the patient, and the appliance illustrated and described by Dr. Hinman at page 559, July issue *Dental Cosmos*, 1896.

He said, I am especially interested in this case, as I saw it from inception to completion, and consider it something wonderful in the results accomplished, in the improvement in the appearance of the patient, in his comfort, and especially in the restoration of the power of articulate speech, for, as you will see, without the appliance constructed by Dr. Hinman you cannot understand what he says, while with it in position his speech is almost normal.

Dr. Luckie next introduced Dr. J. Y. CRAWFORD, who gave a clinical lecture, diagnosing a case presented.

He said, This is a very interesting case, and one which would require much study to get out of it all the teachings which it offers. It will not take so long to determine the pathology and diagnosis. To give an exegesis worthy of your consideration, we will go as far as we can. The case presents semi- or half-prognathous features—semi rather than complete. To decide upon the treatment required to modify that condition would require more prolonged consideration than we can give the case now. We also find local gum trouble,—hypertrophy of the gum,—sometimes mistaken for hypertrophy of the alveolar process. This is acute, depending upon strangulation and requiring removal of the cause,—large deposits of tartar which interfere with the circulation, inducing a condition of hyperplasia. All these stumps of teeth and all these baby teeth should be removed. I am often asked, "What do you do with baby teeth that have been too long retained?" I say, "Always take them out." This is the

result of clinical observation. Always take them out! It is the rule of nature that there are twenty teeth to be shed and be replaced. If they remain in place beyond their normal time, pull them out. But, you say, perhaps the permanent teeth will never erupt. In forty-nine out of fifty cases they will erupt, and you don't want to sacrifice the forty-nine chances for the sake of that other one. Remove them at approximately the proper age for them to be removed by nature. Not according to the old tables of eruption, however, for the time is being gradually retarded through the influence of our faulty systems of education and diet. The teeth of American children do not erupt according to rule, the time is growing later and later. In the present case, after the removal of tartar, of stumps, and of baby teeth, and the treatment of the gums, make him clean his mouth. And a word right here of clinical importance of which you can make a test in your operative procedures. Why do the teeth of the American human family decay as they do? Because they do not know how to cleanse the oral cavity. Give your patient a glass of water and tell him to rinse his mouth. He will sip it daintily and spit it out as if afraid of it, and you will find that he has not washed out the blood or pumice-stone, or other débris.

Give him a new brush, and still he will not get the blood and pumice-stone out. Teach your patients how to irrigate the oral cavity, throwing the head well back. Why use pumice-stone, polishing powders, etc.? They only injure the gums. Water is nature's great remedy; make them pass the water through the interdental spaces and gargle the throat. Give him a hand-mirror, and make him go to the window and examine his mouth so that he can see when he has really cleaned it out.

Ninety-seven out of every one hundred do not know how to clean their mouths. When you get a new patient, put him through this drill till you see that he knows how to clean his mouth. In the treatment of this case you will require astringent, disinfectant, antiseptic washes. You prescribe an astringent, antiseptic wash. After he has used it for a week or ten days, the parts will become inured to it and cease to respond. Then you must change to something else, and keep him on that a little while, and then change again. It is the same with topical applications as in systemic treatment. You expend the force of any given remedy after a time.

For these sub-periosteal disturbances you will want aconite and iodin. Whenever you have a case with local manifestations you want to use the officinal U. S. P. preparation,—the alcoholic tincture of iodin. But if it is of deeper location, then use Lugol's solution. You will recognize two very different types of cases. This patient, to get the most good from your treatment, ought to be under the

observation of a competent dentist for at least twelve months. He has decayed teeth; he has inflamed gums; his permanent teeth are not yet all erupted. He requires thorough elimination of all diseased conditions. Let this be your law: If a patient is under twenty-five, and you temporize, and let the patient leave with some uncorrected abnormality, as pyorrhea alveolaris, etc., it will continue to spread and breed continuance. Eliminate all disease.

I am astonished to see how many dentists do not clean the teeth of their patients, and do not teach them how to do it.

If you prescribe hot mouth douches at night, you will be astonished at the improved condition next day.

Dr. C. E. KELLS gave a clinical lecture on the use of amalgam.

He said, There has been much discussion of the value of amalgam, but I use it very satisfactorily to myself and to my patients. I see no use in spending hours packing gold into molars where it is never seen,—a most tedious operation to both operator and patient, and which fails comparatively soon. You may spend three, four, or five hours upon it, making a beautiful operation, but to what end? Life is too short to waste it on such useless work. It is far more satisfactory to expend but a fraction of the time, a fraction of your strength, to give but a fraction of discomfort to your patient, and accomplish the same result, saving the tooth even more effectually by filling the cavity with amalgam. Amalgam has its place which it would be hard to fill. It is my main dependence in a large class of cases. The less metal there is in a tooth, the better it is for the tooth. Fill the pulp-chamber with cement, and over that put a veneer of amalgam. You say it is difficult to veneer in shallow places? Yes; it is difficult, I admit, but it pays. You say amalgam will discolor the tooth? Yes; large masses of amalgam will do it, but don't use such large masses. Use partly cement, as I said, or, if in position where amalgam would show and not look well, combine gold and amalgam in the cavity. First fill with gutta-percha that portion that will be visible, and complete the filling with amalgam. At the next sitting remove the gutta-percha, leaving a nice little cavity with one wall of amalgam, and fill that with gold. In large approximal cavities fill it all with amalgam except where it will show, filling that portion with gutta-percha, which you replace the next day with gold. I have been doing this for a long time with great satisfaction. In bicuspids, where you do not want to put gold against the cervical wall, fill up to the gum line with amalgam, and then complete the filling with gold. There is something peculiar in this combination that saves teeth better than all gold or all amalgam. It will last ten years or longer. I invariably use gold and amalgam or gold and tin in soft teeth, though not where it will show; but it will save those teeth. There are cases where you

cannot use amalgam with as much ease as you can gold. In very small cavities hard amalgam will not stay where you want it, and gold is easier. You do your patients a kindness not to torture them with long sittings for gold fillings in the back teeth. For the front teeth there is no choice; you have got to use gold there. If you take the same care in the use of amalgam as you do in using gold, you will get just as good results. I used to squeeze my amalgam through chamois, but was troubled with the fibers. I now use China silk, two thicknesses. It does not make much difference what amalgam you use if you prepare it properly. I am often importuned to try new brands of amalgam, but I always refuse. It takes three years at least to fairly test an amalgam, and I cannot wait for that when I see no need for a change. I have one case that is fourteen years old, and it is as pretty to-day as when first put in. I have some specimens of my method of using amalgam, and also the instruments which I use, which it will give me pleasure to show you. I wash my amalgam in alcohol, and use Hardman's white alloy.

Dr. J. Y. CRAWFORD. What do you think of the liability of the recurrence of decay in a mouth in which the front teeth are filled with gold and the back teeth with amalgam, as compared with a mouth in which only one metal is used, and that metal gold?

Dr. C. E. KELLS. I can best answer that question by relating a case. Some time ago a lady came to me, a new patient, from another State. She had some beautiful gold work, but it required repairs. One of her first questions was what I would use. I replied that I would prefer cement for the present.

And later?

I said that I should use amalgam later on. She had a simple crown cavity in a lower bicuspid, with extensive decay under and around a gold filling; a cavity which must have been easily filled. Her teeth were very soft; so I said that I would fill temporarily with cement, and if there was no further trouble,—say six months later,—I would cut out a little of the cement and cap with amalgam. She replied, "I am delighted to hear you say this, for I am tired of going to Dr. ——— every few months to have the gold fillings replaced."

I think that if the presence of both gold and amalgam in the same mouth has any special effect, it is that it is better for the teeth than all gold. That has been my clinical experience. Life is too short to put gold in the back teeth, even if it did last longer. If they were good teeth they would not require filling with anything, and if they have large cavities it shows that they were not good teeth and are not worth gold fillings. I use amalgam in the back teeth under all ordinary circumstances.

Dr. LUCKIE. Dr. Kells will now exhibit his specimens of teeth.

filled with amalgam by his methods,—amalgam, amalgam and cement, amalgam and gold, etc.

Dr. Alexander will exhibit his models of cast fillings and bridge abutments, as per the paper read yesterday; the clinics at the chair will be completed. Dr. Richards also has some very interesting slides to exhibit, and a "new departure" in dental technique to tell you about. That will complete the clinical features of this meeting.

The CHAIR. After the session to-night, Dr. Kells will give an exhibit of the X rays to the members of the Association. Only those wearing badges will be admitted.

Dr. J. Y. CRAWFORD. I would like to call your attention to a peculiar condition which I have called *dry sockets*, not having any other name for the condition I wish to speak of. After the extraction of a certain tooth, the socket remained open and dry for twelve months. I recently had another case, a left lower third molar. The tooth was removed with great difficulty. There was no bleeding from the socket, and the patient suffered more or less pain after the extraction. Complaining of not feeling very well, I suggested that she go in the adjoining room and lie down and rest awhile. She sent for her physician, who gave her some stimulant, and feeling better she went home. She suffered very much that night, and saw her physician again. Still there had not been any bleeding from the socket, which remained entirely open. He gave her a strong opiate, and advised her, if still suffering, to go to me for treatment. Late the next evening she came in. The jaw was somewhat sore and the wound clean and nice. That night she had severe paroxysms of pain, and her husband reported to me that she was suffering very much. The first permanent molar was a dead tooth, on which she had worn a crown for seven or eight years, the second molar being also in position. That evening when she came in she was impressed with the idea that the pain was in the crowned molar. I examined it thoroughly and was convinced that was not the case. The socket of the extracted tooth was still open. I washed it out well with warm water and packed it with iodoform gauze. She was comparatively comfortable that night, and slept some. When she came to me the next day, I removed the gauze, and found that it came out perfectly clean and dry. There was absolutely no exudation in the socket. It continued that way for seven days longer. She was in constant pain, suffering from earache also; even the scalp was very sore. I concluded to use Dr. Savage's remedy for inflammation of the internal ear. He puts a drop of chloroform on cotton, dips it in sweet oil, and passes it into the ear. (More recently Dr. Savage mixes the sweet oil and chloroform.) I found I had no sweet oil, and so used oil of cinnamon with a tampon over it. She passed a comparatively

comfortable night, but the next day was worse again, and still thought it was the first molar. So I slit the crown and took it off. I found the pulp-chamber filled with gutta-percha and the crown set with cement. The cement had washed out and decay had begun. I cleaned it out and effected an entrance into the back root and partially into the front canals, when she said she felt better. I renewed the dressing of chloroform and sweet oil, with a tampon over it, in the socket, which was still dry. I continued this for a week, nothing giving any relief but the chloroform and sweet oil. She said she had never experienced such severe pain, which affected the whole side of the face, head, and ear. There was no blood, no suppuration, no granulation, but a perfectly dry, clean socket. I have seen a number of such cases, to which I give the name "dry socket." They certainly give much trouble.

Dr. Wm. H. Richards, Knoxville, Tenn. Three or four years ago I had some professional business with Dr. Calhoun, in Atlanta. He called me in to see a case he had under treatment, and asked me to examine it. I found a condition, subsequent to tooth-extraction, exactly similar to that described by Dr. Crawford. The tooth had been out for several days. The socket presented a perfectly clean cavity, in which you could see right to the bottom. The patient, a young girl, was suffering great pain. Dr. Calhoun was treating it by pumping in boracic acid. I examined it very closely, and there was no exudation and no blood-clot. The situation was evidently as new to Dr. Calhoun as it was to me. I was not in a position to offer any solution of the situation, and I never knew the final outcome in the case. But it is a case parallel to that of Dr. Crawford.

Dr. G. F. S. Wright. I have had two cases, perhaps not exactly parallel, but very similar,—very painful sockets with no blood-clot, the socket remaining persistently open. In one case I suspected necrosis in the socket, having worked desperately hard to get the tooth out; both Dr. Boozer and myself having worked at it. Finally I gave a violent twist and broke up the connection, and it came out. I treated with aromatic sulfuric acid, and in two weeks it was quite well. I had another case,—a negro,—exactly the same. I have never reported these cases before, but thought they were incipient necrosis. I would like to ask if you have ever extracted a superior molar and had the patient say he could breathe through the hole?

(—— ———. Yes; you opened into the antrum.)

Dr. H. E. Beach. I am glad Dr. Crawford has stated his case so clearly, because I have had something similar, and came to the conclusion that in the extraction not only the peridental covering of the tooth was removed, but also the lining membrane or periosteum of

the socket was torn away, leaving no tissue from which exudation could take place to fill the socket with pabulum for healing it up.

In the last case I had, I was so convinced there was something in this idea that I determined to do something that would make a clot, so I cut through the alveolar process, deep down on both sides; it got well more rapidly than the other cases, and I believe that is the most of the trouble in these cases, that we have removed the periosteum of the bony socket of the tooth; taken out both the peridental membrane and the periosteum of the socket. There can be no exudation, and the sensitive inflamed tissues give intense pain,—"worse than four toothaches," as one patient expressed it. But if we purposely break down the alveolar socket we induce a new circulation, and it fills up by granulation. This is better than applying remedies.

Dr. CRAWFORD. I am glad I reported this case, and I want to know if I have named it right. In another case I am sure there was no involvement of the soft tissues and that the bone was not injured; the socket remained open twelve months. I then curetted the entire cavity, hoping to induce new surgical conditions (I think, if I have another case of this kind, that I shall break down the process entirely); a month later there was no evidence of improvement. Ten days ago the patient was not suffering quite so much, and the gums showed some activity of circulation.

Dr. A. P. JOHNSTONE. I have not been troubled with any cases of that kind, but I would suggest that hot water would prove most soothing, used thoroughly for a long time, using hot wet towels on the face, or a hot-water bag——

(Dr. CRAWFORD. She tried that very thoroughly at home.)

Dr. JOHNSTONE (continuing). For six years I suffered from synovitis, going through the usual treatment,—aspirations, etc. Being in Nashville, Dr. Morrison advised the use of hot water. Having the foot in hot water, cover the limb with a blanket and pour boiling water gently upon the blanket. I kept that treatment up for three hours, and that one treatment cured me, and I have had no return of the trouble since.

Dr. CRAWFORD. There is no question in my mind but that in many obstinate cases of inflammation, as in periostitis, in inflammation around the roots of the teeth, great benefit is derived from the use of hot water long continued, irrigating the mouth thoroughly with water as hot as can be borne. In cases which do not yield to this treatment, an alternation of hot and cold will often accomplish a resolution.

Dr. J. F. GRIFFITH, Salisbury, N. C. When the third molars are hard to extract they are very hard indeed. It requires heroic work; nothing else will do it. But there is a great strain upon the

alveolar plate, and the pressure upon the soft tissues results in injury to the nerve terminals. The distention of the parts is an abnormal condition which interferes with normal repair. I have had a few such cases. To relieve the pain, with the thumb and fingers I press the sides of the socket hard together, having the plate sprung in. This pushing of the parts together often gives great relief.

Dr. S. EWING SMITH, St. Augustine, Fla. No one has mentioned my way of giving relief in such cases, and I have had many such cases, where there is no healing of the socket for weeks; and even for months, in two cases. The opening remaining always the same size, I got tired of treating it. I had tried everything I had ever heard about, or that I could imagine. Finally, one day I went into my laboratory and got a big nail—a thirty-penny nail—and bent the point over. Then I placed a cloth over the eyes of my patient, so that he would not see what I was doing; and heating the nail red hot I plunged the point into the cavity. I then *treated the burn*, and it healed right away!

Dr. WILLIAM H. RICHARDS. In other words, you give 'em fits and then cure the fits?

On motion, adjourned to 8.30 P.M.

SECOND DAY—EVENING SESSION.

Called to order according to adjournment, the President in the chair.

Minutes of the preceding session read and approved.

The Committee on the President's Address presented the following report:

ASHEVILLE, N. C., July 29, 1896.

Your Committee appointed on President's Address beg leave to report the following:

We find the address seems to be a faithful résumé of the historical data of our Society, and we recommend that it be published with our proceedings as a part of our historical literature and that the thanks of this Society be extended to the President for the same.

Your Committee would further report upon the two remaining items suggested in the Address:

First. That he be requested to give names and state definitely the offences indicated against colleges A and B, or he be requested to expunge that part of his Address reflecting upon the honor and reputation of dental teaching in this country, in order that no such publication appear in our printed proceedings.

Second. His reference to the matter of union of the two national organizations in this country having been regularly placed in the hands of joint committees, appointed by the two Associations in annual session, such com-

mittees not having yet reported, your Committee would respectfully decline to make any suggestion upon the subject further than to say it would be well enough to leave the question in the hands of a joint committee to whom it has been referred.

Your Committee find, as a result of an interview with the President, that he readily accedes to the suggestion of the Committee in expunging that portion of his address referring to the conduct of colleges A and B, and that he has been misinformed in reference to the matter of charges being preferred in the National Association of College Faculties.

All of which is respectfully submitted.

J. Y. CRAWFORD, *Chairman.*
J. T. CALVERT.
B. D. BRABSON, *Secretary.*
Committee.

Dr. H. E. BEACH. I move that the report be adopted as read.

Carried.

Dr. J. Y. CRAWFORD. I rise to a question of privilege. The American Dental Association convenes next Tuesday at Saratoga, N. Y. I hope this Association will send a full complement of delegates.

Report of Committee on Dental Hygiene called for.

Dr. G. J. Friedrichs, New Orleans, La., Chairman; J. R. Woodley,* Norfolk, Va.; B. H. Teague,* Aiken, S. C.; C. A. Rominger,* Reidsville, N. C.; C. V. Rosser,* Atlanta, Ga.; H. E. Beach, Clarksville, Tenn.; M. G. Marshall,* St. Louis, Mo.

Dr. FRIEDRICHS, Chairman of the Committee, said: The Committees for the present meeting were appointed so very late that there was not time for the necessary correspondence with the other members of the Committee, and I declined the honor of serving as Chairman, knowing well that, in the very limited time allowed me, I could not do justice to either myself, my subject, or the Association. Learning, however, that nothing was being done by the other members of the Committee, I have hastily jotted down a few general remarks, which I do not present as a paper, nor as a report, but simply in the hope of eliciting a discussion on this important subject.

Dr. Friedrichs then read as follows:

The usual definition of hygiene as being "the art of preserving health" is defective, since it is more than art, because it aims to increase and improve, as well as preserve; and the word "health" is too vague to be of much value in this connection. In its broader sense, the study of hygiene includes the examination of the conditions which affect the generation, development, growth, and decay of individuals, of nations, and of races, being on its scientific side co-

* Not present.

extensive with biology in its broadest sense, including sociology, rather than with physiology merely, as writers state. As regards practical hygiene—*i.e.*, the prevention of disease—it is evident we may try to attain this end in two different ways, since we may either attempt to avoid or remove the causes of disease, or to make the body less susceptible to the action of these causes. Considering the great number of causes of disease, and the impossibility of shunning them all, even with the greatest care,—nay, that this great care, if exercised, becomes itself a cause of disease; on the other hand remembering that the power which we have to modify plants and animals by regimen and breeding makes it probable that the human body might in a like manner be improved, to use the phrase of Royer-Collard,* by a sort of hygienic organoplasty; it might at first sight appear strange that more attention is not paid to this branch of preventive medicine. Theoretically it is possible to thus improve the physical condition of the individual; and to be effectual it would be necessary to work in accordance with the laws of natural selection and prevent the production of weak and unhealthy persons; a problem which I fear none of us will live to see solved. Hygiene commences the moment when two animated, wandering, microscopic molecules meet and mingle into that one other which is to grow into what you and I are, until fifty, sixty, perhaps a hundred years after, its elements are given back to the cosmic storehouse whence they have been borrowed.

To the individual, the first object of importance from a hygienic point of view is the local habitation or home, for when once fixed he usually remains so for a considerable time, and this exerts a continued influence for good or evil. First requisites are thorough drainage of grounds; next, thorough ventilation of premises—for effluvia and organic vapors of various kinds necessarily become developed in every occupied dwelling—the proverb says that "cleanliness is next to godliness." Clothing adapted to the season and degree of individual exposure is also an important element of hygiene. The quality and quantity of the food, and the regularity with which it is taken, are of the next importance. It should be properly prepared and properly masticated; its digestion should not be interfered with by hurry, anxiety, or any unusual mental or physical disturbance at or immediately after the time of meals. Sufficient bodily exercise should be taken daily to keep all the organs of the body in a healthy state of activity, followed by sufficient periods of rest, repose, and sleep, for it is during sleep that the main process of the nutrition and restoration of the nervous and muscular system takes place. These

* Organoplastie Hygiènique: ou Essai d'hygiene comparée. Mem. Acad. de Med. 1843, X., 479 pp.

conditions must be observed to retain and enjoy the blessings of health. For it is a principle which lies at the basis of hygiene, that causes of disease, however slight, by constant repetition day after day, or even longer intervals, will certainly at last undermine the health, and produce permanent and often irremediable conditions.

The CHAIR. I feel that some apology or explanation is due you for the lateness with which the Committees for this meeting were appointed. It is not necessary for me to give the history of the various changes of time and place, with which you are all familiar. As you are well aware, the place of meeting has much to do with the *personnel* of the Committees, and as soon as that was definitely decided upon by the Executive Committee, I made my appointments. I have done the best I could under the circumstances. Are there any other papers from the Committee on Hygiene?

Dr. FRIEDRICHS. Not that I know of. Dr. Beach is here, and informs me that if I had written to him he would have had a paper.

Dr. H. E. BEACH. It is true that I have no paper, and also that I did say that to Dr. Friedrichs. The Constitution is very explicit upon this point. It is the duty of the Chairman of each Committee to correspond with each member of his Committee. As I received no communication from the Chairman of this Committee, I could not suppose that anything was desired or expected from me. I will not occupy the time of the Association in the reiteration of facts already known to you. Dr. Friedrichs's report contained nothing special in reference to dental hygiene, and I do not know that there is anything new to be said upon that subject.

Cleanliness is most essential to hygiene—cleanliness of the person, cleanliness of the premises, cleanliness in all things pertaining to ourselves, to our work, to our surroundings. Cleanliness certainly holds the first place in the science of hygiene. Those of us who have had dyspepsia will realize the importance of what Dr. Friedrichs said in regard to the hygiene of food, but in this respect no laws can be laid down. Food must be selected according to the individual constitution. One person can eat sweet things and grow fat on them and feel well, but cannot eat anything containing grease; with another it is just the reverse. Every man must be guided, in the selection of food, by what suits his peculiar organism,—that which his stomach can digest. Very much depends upon the manner in which food is prepared for the stomach; if it is not well prepared it will not be readily digested. The preparation of food depends upon the ability of the individual to masticate thoroughly, and here it is that dentistry comes in. Too often, in the services rendered by the dentist, too little consideration is given to the masticatory function of the teeth, though,

fortunately, the class of operators who made the large V-shaped openings is rapidly passing away. Yet occasionally, even now, a patient will present and ask us if we cannot fill up those spaces in which the food becomes impacted so uncomfortably.

We should admonish our patients persistently on the point of oral cleanliness. When once the habit has been formed, patients will take it as a favor if we will make an examination at stated intervals to see if the teeth are properly cleaned. Teach them how to do it, for as a rule they don't know how until you have taught them. They may brush the teeth three or four times a day, and yet not get them clean. Impacted around the necks of the teeth will be found decomposing matter, with a glutinous substance around the gingival margins. Point this out to them. When such instruction is properly given it will always be appreciated.

Dr. J. Y. CRAWFORD. To me the most interesting of all subjects is this one of prophylaxis. I am glad to congratulate this society, and the dental professional world at large, that we will have an opportunity in the near future to demonstrate more strikingly the utility of dental surgery in its contributions to practical knowledge and the prolongation of life. It has already done more along this line than any other branch of science. I recently heard a discussion of the action of the ductless glands of the organism, the teachings of the discussion supporting a theory I have long held to on the subject of disinfection—antisepsis. A long time ago I embraced the idea that various fluids of the body have the function of sterilizing various articles of food. You have all observed how the lower animals dress their wounds, both their own and those of their young, with the tongue. The oral cavity furnishes fluids which are antiseptic in their character, and in proper quantity are capable of eliminating from the food qualities which unfit it for the stomach, rendering it sterile and innocuous. I once asked a distinguished physician what he thought was the greatest combatant of peculiar toxic influences in the system. He replied, alcohol. The addition of alcohol to food (and I am well aware that I shall subject myself to criticism in what I am about to say)—but it is an undoubted fact that there are many articles of food into which the introduction of alcohol as a sterilizing agent would prove very beneficial to the human system.

A large percentage of disease depends upon certain bacilli, which must be introduced into the system before we can have the disease. You all know the susceptibility of milk to the impress of various poisons. I recall an old book upon the foods of various countries; among others a gumbo made in South America from certain vegetable products. This observer noticed that as the guests were seated around the table, each with a bowl of gumbo, they gradually became

very much animated and enlivened. With us the longer we eat the more stupid we get, while with these South Americans the longer they partook of food the more vivacious they became. He resorted to methods by which he was enabled to make an examination of the food, and found that it contained a certain percentage of alcohol,—the ancient spiritus frumenti,—the wine of life. He conceived the idea that just the right proportion would stimulate the various organs of the body to more thoroughly perform their various functions. The thymus gland, which now performs no function, is becoming obliterated. So also of the pituitary gland. The blood which passes into the spleen has a certain chemical constitution; that which passes from it is very different, having gone through certain processes in the spleen. Some of the glands are twofold in their functional activity, both secretory and excretory.

It is probable that in the future less stress will be laid upon the specific influence of micro-organisms as a factor in disease, and we will hear no more of it than we now do of the doctrine of hereditary transmission, which was once so prominent. Functional activity, or inactivity, will be found to be the great factor. Much of our modern practice in physical exercise has a contrary result to what was designed. The peculiar influence of physical culture tends to blunt many of the functions of the organism, as the sense of touch, for instance. Let a young college athlete take you by the hand, and he gives your fingers a grip that impresses you most painfully—he has no sense of touch. The dental surgeon should be the most finely organized human being in existence.

Dr. FRIEDRICHS, being requested to close the discussion, said,—

I do not know that I have anything further to say on the subject, but if I ever write another paper, it will be on the subject of hygiene.

Operative dentistry called.

Dr. E. P. BEADLES. I do not like to make apologies, but I thought that if the Chairman of the Committee wanted anything from me, he would call upon me. I received no communication from the Chairman, but a few days since I received a letter from the Secretary asking me for a paper for this Section, and I hastily prepared the little paper which I now offer you.

THE LINGUAL WALL.

At the risk of dwelling too much upon a hackneyed subject, I wish to say a few words upon it.

While dentistry is constantly widening its field, many things taxing our skill which heretofore have not been considered within our province, it is nevertheless true that the thing we do most, day in

and day out, is the operation for preventing caries; the checking of that destructive disease which so soon destroys the organs of mastication.

If any class of teeth is more important than another, that class consists of the four anterior superior incisors and the two cuspids. Hence, we exert our utmost skill to save not only the structure of these teeth but their good appearance. I do not mean to be dogmatic in this; but will say that the method I have been pursuing for ten years has proven, in my hands, satisfactory in every way. The work is done with ease to myself and with comfort to my patients. It may be told in a word: the lingual wall is almost invariably removed. The method is so simple and the results are so good, I feel that surely every man here must do the same thing; and but for the fact that many cases have come to my notice, from the hands of good operators where this had not been done, I would not refer to the subject.

This wall, in the majority of cases, is thin and weak, the gold cannot successfully be packed against it; it is liable to crack or break subsequently. It is well known that it is a difficult thing to prevent a leak where the gold comes in contact with an enamel-wall. Another important reason for its removal is that you do not need nearly so much separation, as with this wall away the entire cavity is exposed to view by the use of the mirror. To my mind there is no good argument for ever leaving this wall, except under the most favorable circumstances, and in these cases I usually make a compound filling of gold and cement. The cavity is well shaped, with parallel walls, or undercuts if you wish, for the cement (seldom for gold alone). The cement is placed in somewhat soft, and small pieces of annealed gold are pressed in, as many as possible; then the cement is allowed to harden, when the gold may be continued. This is an excellent plan when the labial enamel-wall is very thin and you wish to prevent the gold showing through.

By the use of the mirror and with a cavity prepared as described, each piece of gold may be carried to its place with perfect precision, and carefully and certainly packed against all the walls; the cervical of course receiving attention first,—well covered and well burnished before proceeding further. Where the chances are at all favorable I do not know that I have had a failure in a filling of this kind in years. In fact, I believe it is impossible for me to improve further upon my own work in this respect, though of course every good dentist endeavors to do this with every operation. I use hand-pressure almost exclusively in these cases. I see no room nor need of mechanical mallets to annoy your patients, while they may sleep, if they like, under the gentle but strong pressure of the hand. Every

man is wedded to his method; this is mine, and I believe in it. If, perchance, there is one who would like to try this, I feel sure he will not regret it.

After reading his paper, Dr. BEADLES said,—

Nearly every man has his hobby. This is mine. I find that in this way I operate without any difficulty, and there is much comfort to me in it. I never get tired. To those who are not wedded to any special method I say *try this*. Cut away the lingual wall; use the mouth-mirror. Try my method; you will not regret it.

Dr V. E. TURNER. I have had some conversation with Dr. Beadles on this subject, and it is a surprise to me that so few men have adopted this method. It is certainly the best method of approach to the cavity. I have been surprised to find some men who say they never cut away the lingual wall, but always enter from the labial surface; but that is because they do not use the mouth-mirror. It is my hobby; I use it a great deal. In fact, all cavities that are not plainly in view I fill with the aid of the mirror, and much of my work I never see with the unaided eye. I do not say that my work excels in any particular because of this fact, but I do say that it aids in the preservation of health, enabling you to maintain an erect position, instead of bending over and stooping in cramped, inconvenient positions in order to get a direct view of the cavity. 'I do not mean literally that I never see the inside of a cavity, but it is a great comfort to me to be able to stand perfectly erect, day after day; and my work is much less fatiguing than if I were compelled to bend and stoop over to get a view of a cavity, as I see some men doing. It is of great importance to the dentist to pay due regard to the preservation of his health. A man will soon find himself considered a "back number" if he is not physically able to perform his duties along the same line as men of the younger generation. As a man grows older his judgment has matured; he is more accurate, and should then have reached the most useful time of his life, and he should pay due regard to the preservation of his health that he may be able to utilize the advantages gained by experience.

Dr. W. R. CLIFTON, Waco, Tex. I can only say that I work in exactly the opposite way from Dr. Beadles. I operate from the front, and I want plenty of room. I do not say I never cut away the lingual wall, but I leave it when it is round and solid; but I cannot work with mouth-mirrors as Dr. Beadles does.

On motion, subject passed.

Dr. V. E. TURNER. We have had a Committee appointed to confer with a Committee from the American Dental Association in regard to the consolidation of the Southern and the American Dental

Associations. Some of the members of our Committee are present, and as this is a matter that must be attended to, it had better be done now. I move that we hear the report from the Committee now.

The CHAIR. I have made very considerable efforts to effect a joint meeting of the Committees here, but I have not succeeded in bringing this about, though I have had considerable correspondence with the members of both Committees. We will now hear the report from our Committee.

Dr. E. P. BEADLES. I have a brief report to present. Dr. Noel having requested me to act as Chairman of the Committee, I entered into correspondence with all the members of the Committee. I have canvassed both sides, weighed every argument, endeavoring in the report to do justice both to those in favor of consolidation and to those opposing it; to both the American and the Southern Associations.

Dr. Beadles then read a synopsis of the following report: "*Resolved*, That after due consideration the Committee ask that the Southern meet at Old Point Comfort next year, and invite the American to meet with us, that the question of consolidation of the two societies may be further discussed and finally disposed of."

Dr. —— ———. I move the report be adopted.

Dr. G. J. FRIEDRICHS. I am opposed to the adoption of that report. I move, however, that it be received and discussed. An attempt was made at Louisville to hold a so-called "joint meeting," and what was the result? A failure. We continue to be two distinct organizations since that attempt as before. When the American Association felt that it was going under, it was willing to make some concessions and invited us to go in with them. The World's Columbian Dental Congress was the only successful meeting of that character ever organized and executed.

Dr. BEADLES. I rise to a point of order. We are not considering the question of consolidation, but that of receiving the report.

Dr. FRIEDRICHS. If the American Association carries the day in this matter of consolidation, not a Southern member will ever receive a copy of the Transactions.

Dr. G. F. S. WRIGHT, Georgetown, S. C. The report is not in order. The Constitution says the place of meeting shall be decided by the Association, through nominations and ballot. It cannot be fixed by a committee report.

Dr. T. M. ALLEN, Birmingham, Ala. This question has been under discussion since 1878, but it will never succeed. The Committee should report back to the American Association that the Southern is opposed to the union of the two Associations. I move that in passing upon the report that portion relative to place of meeting be omitted.

Dr. TURNER. I think the gentleman is out of order. The report is simply one of "progress made." It does not bind the society to anything, because the majority must vote where to go. As a matter of courtesy we should receive the report.

Dr. H. E. BEACH. A motion has been made to adopt the report of the Committee. The *adoption* of the report carries with it all its recommendations, one of which fixes the next place of meeting. That is a violation of the Constitution, which prescribes that the place of meeting shall be fixed by ballot on the last day of the meeting. We cannot *adopt* the report as it reads. It should either be amended, or we should merely *receive* it as it reads.

The CHAIR. Will Dr. Beadles please read the report again?

(Dr. Beadles read the report again.)

Dr. J. Y. CRAWFORD. I find myself placed in a very delicate position, and I want you all to understand what my position really is. I have been construed as a strong advocate of the proposed consolidation. Gentlemen, the time may perhaps come when conditions will be such that it will be the duty of every dentist in the Southern States to advocate this consolidation. But those conditions have not yet arrived. I stand now as the President of the American Dental Association, and a member of the Committee from that body. It has been intimated to me that it is believed that I favor the union; that I was connected with the movement which put it on foot. I say to you, gentlemen, I was not connected with it in any way. I had no hand in it. No conference was had with me on the subject. The resolution was passed in the American Association when I was a humble, private member of that body.

When the Chairman appointed the Committee he saw fit to place me upon it. I am always ready to perform any duty which may be assigned to me, and I accepted the appointment. I had no idea of ever being President of that body. I will not rehearse what followed, with which you are all familiar. But I wish to dispel the idea that I was in any way involved in the initiatory steps. As the Southern Association had adjourned, no meeting of the Committees could be had for twelve months. When the Southern met in Atlanta, we had an informal meeting of the few Committee members present. I hailed with delight the prospect of a joint Committee meeting at this place, but, instead of that, I have letters from other members of the Committee asking me to do what seems proper and right. We have no proposition to offer, no plea to make. We only want to do what is courteous and proper. As the American Association initiated the movement, there is no impropriety in accepting the suggestion offered by the Committee from the Southern that the two Associations should meet at the same time and place, not in

joint meeting, but where there are two large hotels, two good halls. Such a meeting would give the members of the dental profession from all parts of the country a chance to come in contact, and to show what we are, and what is desired. There is no serious jealousy one of the other. Let the two Associations meet as proposed. Do not any longer put it all upon the members of the Committees, but let the two Associations speak out, as a body, upon the question.

No offence has been offered; we are bone of one bone; we are all one people. We are all equally anxious for the development of dental science. If we do not want to affiliate with them, they will respect us all the same. With true Southern chivalry and Southern gallantry let us treat them properly. I might secede; I was born that way; my father was a fire-eater. I might secede, but I don't think I will. I don't apologize to them for any convictions I may have. The proposed meeting will afford the opportunity of bringing before the minds of the dental profession certain legitimate questions to be solved,—to state the issues at stake, to decide what is the wish and the will of the dental profession in this connection. What interests have educational institutions in this question?

Dr. R. K. LUCKIE. I move we adjourn.

Dr. W. R. CLIFTON, Waco, Texas. I move we discuss the report by sections.

Dr. QUATTLEBAUM. I do not wish to offer any discourtesy to this Committee, but I hope we shall not dilly-dally over this question.

Dr. H. E. BEACH. A motion to adjourn is always in order. We can take up the preceding question to-morrow.

Adjourned to 10.30 A M. Thursday.

After the close of the session Dr. C. EDMUND KELLS, Jr., New Orleans, La., gave an interesting demonstration of the Roentgen ray phenomena, having with him a Tesla coil for the purpose of this exhibition. Dr. Kells also exhibited his method of taking skiagraphs of the roots of the teeth *in situ* in living subjects. These pictures being direct shadowgraphs he explained that it is essential that the object be as close as possible to the plate upon which it is to be produced, and at the same time that their plane surfaces should be parallel, to prevent distortion. Therefore, for taking skiagraphs of the teeth, a plate-, or rather film-holder, is made, containing a pocket for holding the film as close to the bone as possible, and having articulating surfaces into which the teeth bite down, thus holding the film absolutely steady during the sitting. Hard rubber, gutta-percha, or any such material may be used, but aluminum is preferable, as it is the most nearly transparent to the Roentgen rays. Dr. Kells was prepared with a subject and an aluminum and rubber combination

plate-holder to demonstrate his method of taking these skiagraphs, but there was no current available in the daytime, and at night the interest was so great in the fluoroscopic demonstration (showing the bones of the hands, forearms, etc., of all who desired to see this portion of their own anatomy) that it was impossible, owing to the crowded room, to take the skiagraph. He, however, presented skiagraphs, taken in from five to fifteen minutes, showing the perfect outlines of the roots of the teeth in the bone, taken from living subjects.

THIRD DAY—MORNING SESSION.

Called to order at 10.30 A.M.

Minutes of the last session read and approved.

Report of Executive Committee called for. Chairman reported no report to make.

The report of the Committee on Consolidation was again read, and on request of the Chairman of the Committee was, on motion, referred back to the Committee for amendment.

The amended report was then read in substance as follows: "*Resolved*, That it will be agreeable to the Southern Dental Association to have the American meet at same time and place as the Southern, that a conference might be had."

On motion of Dr. Clifton, the report as amended was received.

Dr. FRIEDRICHS moved to lay the whole subject on the table.

A vote being taken, apparently in the negative, a division was called for, a rising vote resulting in a tie.

Dr. W. H. RICHARDS. It is important that in this matter we treat the American Association with all due courtesy. This question should be more fully discussed, that the sentiment of all may be fully understood.

The CHAIR. I agree with the last speaker. We are not discussing the question of consolidation. No such proposition has been made, but simply that there be had a meeting of the joint committees to discuss that question. The Chair decides on the tie, that the vote to lay on the table is lost.

Dr. H. E. BEACH. Our Committee has offered a minority report, no joint conference of the Committees having been had since our last annual meeting in Atlanta, except conference through correspondence. I therefore offer the following resolution:

"Moved that this, the report of the Committee, be recommended, and that they be requested to hold a conference with the Committee from the American Dental Association and report back to this Association at their next annual meeting."

The CHAIR. I do not agree that no conference has been had, as there has been a vast amount of conference through correspondence. There are members of both Committees now present, and the Chairman of our Committee must have had the opinion of the majority of his Committee on which to base his report. You have heard the motion of Dr. Beach. Are you ready for the question?

Dr. RICHARDS. Is the motion in reference to a conference at Saratoga next week? Are the Committees expected to be there in a body?

The CHAIR. No time or place was mentioned.

Dr. BEACH. We do not ask our Committee to travel to Saratoga in order to have this conference. We are not knocking at the door of the American Association asking for admittance. If the American Association is anxious about this matter, let them send their Committee to us. Why did they not meet our Committee in Atlanta last year? They could easily have had a representation there. It is not right to require our Committee to go to Saratoga to confer with the Committee from the American on a question of their own raising. Let the Chairmen of the two Committees select a central location where both Committees can go, and meet and have their joint conference. I am not opposed to as many of our members as choose to do so going to Saratoga; they will probably have a pleasant and profitable meeting. But we should not ask our Committee, as a Committee, to go there for the conference.

Dr. BEADLES. I think Dr. Beach's idea is most excellent. I am sure enough of our members are going to Saratoga to make up the full complement of the Committee. Let the Chair appoint a new Committee, composed of those men who it is known are going to Saratoga, and let us have this question settled.

[Dr. Beadles then read a letter from Dr. Fillebrown, giving his views on the subject.]

Our original report was based upon this letter.

In amending the report I endeavored not to do any injustice to anybody, and not to be guilty of any discourtesy.

Dr. T. M. ALLEN. In every way it is made to appear as though *we* were the ones making advances; as though we were knocking at the door of the American Association begging for admittance. I, for one, am opposed to giving any more of our time to the discussion——

The CHAIR. The gentleman is out of order.

The Chair then read the report of the Committee, presented at the Atlanta meeting. (See Vol. Trans. S. D. A., 1895, p. 117.)

Dr. FRIEDRICHS. I still hold to what I have asserted. All that I have heard on the subject amounts to always the same thing. I do

not see where it comes in that we should adopt this report and bind ourselves, when we have no report from the American Committee. The report should come after a joint conference.

The CHAIR. We are discussing the resolution of Dr. Beach that the report be referred back to the Committee, and that they be given further time and report to us after a joint meeting or conference with the American Committee.

Dr. FRIEDRICHS. There is no necessity for any hurry in the matter. There is plenty of time. If not this year, then next year. If not next year, any other year will do as well. We are still a live body. We can go on having our meetings just the same. There is no hurry.

Dr. G. F. S. WRIGHT. I have submitted to reconstruction once. I do not say but that it was with very bad grace, and under circumstances that I could not control.

The CHAIR. The discussion is on the motion to recommit.

Dr. WRIGHT. I appeal from the decision of the Chair.

The CHAIR. In the absence of the Vice-Presidents, Dr. Beach will please take the chair.

Dr. BEACH (from the chair). There is a motion before the house to recommit a report. A gentleman has been declared out of order. He has appealed from the decision of the Chair. The question now is, Will the Association sustain the decision of the Chair?

Aye (unanimously).

The CHAIR. The ayes have it; the Chair is sustained.

(The President resumes the chair.)

The CHAIR. Will Dr. Beadles please give us his substitute report in writing.

Dr. Beadles read again the following substitute report (see page 44).

The CHAIR. Will the Secretary please read Dr. Beach's resolution again?

The Secretary read as follows (see page 47).

Dr. A. P. JOHNSTON. Let me talk a little. I promise you I will do no harm. (Laughter.) The only way out of this is to vote it right down. I move that everybody vote yes or no on that question, and it will go, even over the President's head. (Laughter.)

Dr. QUATTLEBAUM. It seems to be the sense of this meeting that we do not want to consider this question any longer. Let us send word politely and courteously that we do not deem it advisable——

The CHAIR. The Chair does not deem it courteous to the American Association not to accord a hearing to their Committee. It is true, however, that they sent only two members of their Committee to Atlanta, and they were both also members of the Southern Association.

Dr. BEACH. The question is on the resolution of recommitment.

Dr. QUATTLEBAUM. I move as an amendment that we discharge the Committee. They have done their duty. Let the Committee be discharged.

The CHAIR. Dr. Beach's motion is to recommit.

Dr. QUATTLEBAUM. My substitute is to discharge the Committee, and in that way settle it once for all.

Dr. RICHARDS. We are wasting valuable time over this question. It was so last year; it is so this year; it will be so next year and the year after that.

Dr. BEADLES. I am placed in a most embarrassing position. I fought it off last year at Atlanta. Personally I am opposed to consolidation, but Dr. Noel, who is in favor of it, has asked me to act in his place. I told him that I was opposed to consolidation, but that I would act for him with that understanding. That is why I endeavored in my report not to be biased by my own views. The question is now on Dr. Beach's motion to recommit the report.

Dr. Beach's resolution (page 47) was then put to vote and carried.

Report of Committee on Dental Education called for.

Dr. B. Holly Smith,* Baltimore, Md., Chairman; H. W. Morgan,* Nashville, Tenn.; L. M. Cowardin,* Richmond, Va.; V. E. Turner, Raleigh, N. C.; A. Eubank,* Birmingham, Ala.; J. Y. Crawford, Nashville, Tenn.; Francis Peabody,* Louisville, Ky.

Dr. V. E. TURNER. I received a communication from the Chairman of the Committee, and also one from the President, but in reply I frankly stated that it was not in my power to prepare a paper for this meeting, as I had too much other work already promised. I made it clear, I thought, that I would not undertake to read a paper on this occasion. I had no doubt, however, that with so many college men on the Committee, the question of dental education would be well presented.

On motion, subject passed.

PATHOLOGY AND THERAPEUTICS.

Dr. Theo. Johnston,* Newberry, S. C., Chairman; T. H. Parramore,* Hampton, Va.; F. J. S. Gorgas,* Baltimore, Md.; R. H. Jones,* Salem, N. C.; W. H. Richards, Knoxville, Tenn.; James Chace,* Ocala, Fla.; W. R. Clifton, Waco, Tex.

Dr. W. H. RICHARDS. I did not know that I was a member of this Section until it was too late to prepare anything that should be worthy of your consideration. I have been pursuing quite a different line of original work which I had expected to bring before you,

* Not present.

but it includes an exhibit of stereopticon slides, and I have been disappointed in the lantern which Dr. Hinman had promised to have here for me. We have vainly used every endeavor to procure a lantern, so I am forced to let it go by.

Dr. H. E. BEACH. Although we cannot have the stereopticon lecture, Dr. Richards has some photographs illustrating his work, which I hope he will place before you. The subject is one of very great interest, and the work of a character which it would be a matter of pride to have credited to the Southern Dental Association according to Dr. Richards's desire. It will certainly be presented elsewhere and some other society get the credit of it. I hope Dr. Richards will do the best he can for us, without the lantern.

Dr. RICHARDS. The work is of such a character that it would be difficult to place it before you understandingly merely by description. I had prepared forty-five slides, which I expected to show you. I have also a few photographs, but I fear I shall not be able to give you a very clear conception of what I am doing.

Dr. Beach has truly expressed my great desire to bring this out in the Southern Dental Association, which has been very near to my heart for years and years. Circumstances have not favored this, but I will do the best I can merely by talk. My work is the study, by a new method, of the space in the tooth occupied by the nerve-tissue. In ordinary sectional work the tooth is cut down through the median line, showing the interior of the pulp-chamber, but if it is a three-rooted tooth one of the roots must be missed, and you fail to see that nerve-channel. You may cut the tooth as you please, you cannot show at one view all of the space occupied by nerve-tissue. If it is a straight single-rooted tooth you can approximately reach it. If it is a lower molar you can reach part of it. But to get a clear conception of all the nerve-tissue, occupying all portions of a tooth, many slides are required; layer after layer must be cut, infinitesimally thin, and even then it is difficult to conceive the relation of the different parts to each other, and to the whole. Now, in my work I do nothing of that kind. What I am trying to do is to place before you an exact counterpart of the organic contents of the internal cavity of the tooth, with all the peculiar features of the space occupied by nerve-tissue. Briefly stated, I clean out all the organic matter from the cavities within the tooth, out through the foramina of the roots. I then proceed to fill all that space under great pressure. I then dissolve away the outer shell and leave standing a reproduction in form of the nerve of the tooth,—an exact counterpart, standing up like a letter, branching back, with all the peculiarities of outline it may have had. These photographs will show you more clearly what I mean. For instance, the first one represents the

nerve-tissue of a right upper molar in different aspects, as the tooth was turned around in different positions. My studies in this line have shown me some things that, as far as I know, have not before been brought to light. The demonstration with cataphoresis yesterday corroborated me in some points. The cavity, under the influence of cataphoresis, lost its sensitiveness entirely except at one point. We sometimes find in operating that one particular point will be intensely sensitive. Although you know that you are far away from the nerve-center, the patient will insist that you are working directly upon the nerve itself.

Some of my specimens show that in some teeth, when we would expect to have only the invisible canaliculi filled with fluid, they have coalesced and formed cavities containing large nerve-fibers, so that we are practically working directly on nerve-fibers. In this specimen we see ramifications of nerve-fiber from the main body out to the periosteum. In this one there are four openings at the foramen. In this one you see two bulbous pockets in this side of the root, which were filled with nerve-tissue; one the size of a squirrel-shot, branching off from the body of the nerve in the root-canal.

Some years ago I extracted a live tooth—a cuspid—for the wife of a physician. I thought that I had broken off the end of the root. The physician said no, that I had not broken it, but that he had broken it a year ago, when he extracted it by mistake and immediately replaced it. There was a tooth that had been extracted a year before, fully an eighth of an inch broken off the end of the root, replanted, and still alive. I took the tooth to my laboratory and broke it open to examine it. I found there was an opening in the side of the tooth, through which the nerve had been nourished, and had made a reunion. I found but one man in the United States to corroborate me as to the possibility of this occurring. Dr. Jonathan Taft, of Cincinnati, to whom I related the circumstance, told me that he had had a similar case thirty years ago.

The second photograph shows the ramifications of the nerve-substance. In this you see a bicuspid extracted when the root was but one-third formed. There is a side view, and also a view of the open end of the root. I will make another statement. There is hardly a dentist here but will bear me out that the nerve in the lower molar is most frequently exposed from the posterior approximal surface. I have often wondered why this should be so, but my investigations have developed the fact that the pulp of the lower molar has five cusps or horns; one in the posterior part of the tooth, where you would not expect it, as the external cusp has not developed; a fifth horn of the pulp at the posterior wall, where a very shallow cavity would open right into the pulp. Some of my specimens are com-

plete within themselves, showing all of the nerve-substance in both crown and root; others are in two sections, above and below the line of enamel margin.

From these models students can study the relation which the nerve-formation bears to the outward form of the tooth, as I propose to reproduce both the nerve and the tooth, and show them side by side, showing the comparison between the external cusps of the tooth and the horns or cusps of the nerve; also the relations of the cavities of decay to the nerve of the tooth. I will also reproduce a twin tooth in rubber, so that a cavity can be cut in it corresponding to the cavity of decay. In this way I hope to make my work of service to the teachers of dental students. It will appear in book-form.

Dr. FRIEDRICHS. I would like to make one suggestion to Dr. Richards in regard to his nomenclature, and that is that he would use the word pulp instead of nerve, the pulp being composed of nerve, vein, and artery. Outside of that I thank the gentleman heartily, and think he is on the right road to give something very valuable to the profession.

Dr. RICHARDS. I accept the gentleman's correction, and appreciate his criticism of my careless use of terms.

Dr. QUATTLEBAUM. In regard to the reunion of nerve-tissue I have a case in mind with which you are probably familiar, Dr. M. H. Cryer having reported that his own four lower incisors were jerked out by a horse, he having the reins in his mouth. The teeth were promptly restored to place, and still give every evidence of life.

Dr. KELLS. Does Dr. Cryer relate that as having occurred to himself? We have all heard such fairy tales from our patients.

Dr. QUATTLEBAUM. Yes: it is in his own mouth.

Dr. A. P. JOHNSTON. I desire personally to thank Dr. Richards for what he has shown us. I have learned more from this exposition than I have ever learned before from hurting my patients.

Dr. KELLS. I think we owe a special vote of thanks to Dr. Richards for the work which he is doing.

The CHAIR. Do you put that in the form of a motion?

Dr. KELLS. I do.

Carried (with applause).

REPORT OF CLINIC COMMITTEE.

Dr. R. K. LUCKIE, Holly Springs, Miss., Chairman.

Dr. C. EDWARD KELLS, JR., gave a demonstration of cataphoresis.

Patient, a young lady of about seventeen; highly nervous; nearly all her teeth badly decayed; had never had any filled. The

rubber-dam was applied to the four superior incisors, a large approximal cavity in the left central being selected for the demonstration. Tooth exceedingly sensitive, and the patient very susceptible to the electric current, which could only be increased by the most minute degrees. At the end of forty minutes there was still some sensibility, voltage not quite reaching two. The application was continued ten minutes longer, reaching two volts. The cavity was then quickly prepared,—*painlessly*, as the patient stated. Cavity filled with agate cement.

To complete the demonstration *by comparison*, two other cavities included under the rubber-dam protection were prepared without the current, and proved exceedingly painful. The patient stated that the first one "did not hurt any;" that the last two were very painful, and that if allowed a choice when the rest of her work is done she would prefer "the way the first one was done." The instrument used was one furnished by Stuart & Adams, of New Orleans, pronounced by Dr. Kells to be "a very simple and satisfactory instrument."

Dr. Kells pronounced this to be "a regular clinic case," for in all his previous experience he had not met with a similar one, the usual time being about twenty minutes for the thorough anesthetizing of the cavity, the voltage employed being usually from ten to fifteen volts.

Dr. GEO. H. WELLS, Augusta, Ga., also made a demonstration of cataphoresis, using the Van Woert apparatus.

The patient, Dr. Bland, of Charlotte, N. C., declared the tooth to be exceedingly sensitive. The cavity, distal approximal in left lower first molar, was thoroughly anesthetized in twenty minutes (with an interruption of five minutes), using ten and one-half volts. It was temporarily filled with gutta-percha, to be permanently filled with amalgam after his return home.

Dr. C. L. ALEXANDER, Charlotte, N. C., successfully injected the new anesthetic, eucaine, for the painless extraction of a left upper first bicuspid.

Dr. E. P. BEADLES, Danville, Va., gave an oral clinic on his method of inserting gold fillings by the aid of mouth-mirrors, using hand-pressure only, standing perfectly erect at the right side of the chair for all operations, thus avoiding fatigue and back-ache. He also exhibited the very limited number of instruments used in this work.

Dr. C. L. ALEXANDER described in detail the method of constructing cast fillings and bridge abutments, exhibiting models showing the different steps in the construction of such work. He also exhibited models showing a few of the many cases in which this method can be employed to special advantage.

Dr. C. E. KELLS, Jr., explained his method of working amalgam alone, or in connection with cement, gutta-percha, and gold, exhibiting teeth filled by his methods. He uses Hardman's white alloy and agate cement.

Dr. J. Y. CRAWFORD, Nashville, Tenn., gave a clinical lecture diagnosing an interesting case presented, and drawing therefrom many practical and valuable lessons (see page 33).

Dr. H. E. BEACH, Clarksville, Tenn., exhibited a deciduous molar tooth, which had been filled with amalgam at a very early age, but in which complete absorption of the roots had taken place, thus disproving the theory advanced by some prominent dentists that amalgam fillings in deciduous teeth prevent or arrest absorption of the roots.

Dr. S. W. FOSTER, Atlanta, Ga., exhibited the patient wearing the aluminum appliance constructed by Dr. T. P. Hinman, for restoration of lost tissues (see *Dental Cosmos*, July, 1896, page 559).

Dr. C. E. KELLS gave an interesting demonstration of the Roentgen rays phenomena, and described his method of taking skiagraphs of the roots of teeth of the living subject (see page 46).

HISTOLOGY AND MICROSCOPY.

Dr. J. Taft,* Cincinnati, Ohio, Chairman; George B. Clement,* Macon, Miss.; Thomas P. Hinman,* Atlanta, Ga.; I. N. Carr,* Durham, N. C.; J. C. Oeland, Spartanburg, S. C.; J. G. McCullough,* New Orleans, La.; Jno. S. Marshall,* Chicago, Ill.

No report. Subject passed.

CHEMISTRY.

Dr. E. C. Kirk,* Philadelphia, Pa., Chairman; H. C. Herring,* Concord, N. C.; R. C. Young,* Anniston, Ala.; J. Hall Moore,* Richmond, Va.; J. R. Thompson, Newberry, S. C.; T. C. West,* Natchez, Miss.; W. T. Arrington,* Memphis, Tenn.

No report. Subject passed.

LITERATURE AND VOLUNTARY ESSAYS.

B. H. Catching,* Atlanta, Ga., Chairman; W. W. H. Thackston,* Farmville, Va.; Gordon White,* Nashville, Tenn; D. D. Atkinson,* Brunswick, Ga.; J. Rollo Knapp,* New Orleans, La.; Frank S. Harris,* Henderson, N. C.; C. S. Stockton,* Newark, N. J.

No report. Subject passed.

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* Not present.

APPLIANCES AND IMPROVEMENTS.

H. J. McKellops,* St. Louis, Mo., Chairman; Frank Holland,* Atlanta, Ga.; G. F. S. Wright, Georgetown, S. C.; S. B. Cook,* Chattanooga, Tenn.; S. P. Hilliard,* Rocky Mount, N. C.; B. A. Muckenfuss, Charleston, S. C.; George S. Staples,* Sherman, Texas.

Dr. G. F. S. WRIGHT. The report of the Committee on Clinics is so full and complete that it embodies all that is new, and I hope their work may be permitted to serve a double purpose, as nothing new has been submitted to me.

The CHAIR. I will state, in connection with this Committee, that I have received a letter from the Chairman of the Committee, Dr. H. J. McKellops, of St. Louis, stating that his health is so feeble that he was unable to leave home.

Subject passed.

Dr. J. Y. CRAWFORD. The President of the North Carolina State Dental Association is present with us to-day. He is not a member of our Association. I move that the privileges of the floor be extended to him and that he be invited to take part in our discussions.

Carried.

Dr. W. R. CLIFTON, Chairman of the Executive Committee, reported as approved the following bills:

Mrs. J. M. Walker, reporter, $100; Dr. E. P. Beadles, Corresponding Secretary, office expenses, $11.54; Dr. S. W. Foster, Recording Secretary, salary and office expenses, $65; The S. S. White Dental Mfg. Co., binding and mailing Transactions, $36.08.

The bills being duly approved by the Executive Committee, were ordered paid.

Dr. J. Y. CRAWFORD. Your Committee on Grievances requests action of the Association in the case of Dr. B. E. Holcomb, of Morehead City, N. C., who was duly recommended and elected to membership in this Association at the meeting in Morehead City, 1891. It was learned subsequently that he was practicing dentistry in violation of the laws of the State of North Carolina, and charges were preferred and a Committee appointed to investigate the matter. At the meeting at Lookout Mountain, in 1892, further time was granted the Committee. No report was made in the matter in 1893, but at the meeting in 1894, the evidence having been found insufficient to prove him guilty since he became a member of the Association, the charges were dropped and his name continued on the roll, having been regularly called every year and his dues kept paid. Reports have since reached your Committee that he is still practicing in vio-

* Not present.

lation of the laws of his State. If this is so, he is not eligible to membership in this Association. We therefore request that such action be taken as shall be satisfactory to all parties concerned. In the former investigation Dr. Holcomb did not deny the charges brought against him, but expressed sincere regret for the past and promised that it should not continue. We now learn, from statements made by responsible parties, that he continued and still continues the same open violation of the laws of his State.

Dr. MASON. I would ask if he has kept up his dues?

The TREASURER (after examining his record). He is behind only last year and this—$6.00.

Dr. V. E. TURNER. When the Southern Dental Association meets within the borders of the State of North Carolina and receives as a member a man who is practicing in open violation of the laws of that State, it is poor encouragement to the best element in the dental profession in that State to join the Southern Dental Association.

The CHAIR. Dr. Griffith, a member of the dental profession in that State, has the privilege of the floor. We would ask him for a statement of the facts in the case.

Dr. I. F. GRIFFITH, Saulsbury, N. C. When the gentleman in question applied for membership in the Southern Dental Association, there was no one present competent to dispute his right, and he was accordingly received. When I learned the facts, as a member of the State Board of Dental Examiners, I objected, on the ground that he was practicing in violation of the law. He came up to apply for license to practice, but, after he arrived and learned the requirements, he backed out. The question to be settled is, whether the Southern Association will continue to insult the requirements of the law of North Carolina.

Dr. S. W. FOSTER. He is not licensed?

Dr. GRIFFITH. No; but that is not the question.

Dr. CRAWFORD. Does he practice dentistry?

Dr. GRIFFITH. He offers to practice, but he has no license.

Dr. CRAWFORD. What are the requirements of your law?

Dr. GRIFFITH. That he should come up and stand an examination, but he has not done so.

Dr. H. E. BEACH. The Committee should fully investigate this matter and bring it up at the earliest opportunity.

Dr. CRAWFORD. Dr. Holcomb was notified to appear at the meeting at Lookout Mountain. Instead of that he wrote letters which were not entirely satisfactory, and the Committee was granted further time. His subsequent explanations were satisfactory to your Committee and to the Association, and in 1894 the matter was left *in statu quo* and the Committee discharged.

Dr. H. E. BEACH. I move that the Association now take action, and that upon the evidence presented Dr. Holcomb be expelled from this Association.

Dr. G. F. S. WRIGHT. As a substitute, I move that the Secretary be instructed to notify him of these charges and inform him that he will be expelled at the next meeting, unless he furnish due evidence of license and membership in his State Society. A mistake has been made which we all regret, but the dentists of North Carolina are men of such superb character that it is only natural we should want more of them.

Dr. BEACH. As I understand this question, the matter has been held in abeyance in consideration of Dr. Holcomb's promises to comply with the requirements of the law and the Code of Ethics, instead of which he steadily and persistently refuses compliance and continues in open violation, not only of the law of his State, but also of the Code of Ethics of the Southern Dental Association, of which he is supposed to be a member. I renew my motion that the Association take action *now*. He has had four years in which to demonstrate his intentions, and it is very clear that he has not complied with his promises. As a member of the State Board of Dental Examiners in my own State, I say that it is a disgrace to this Association to retain in its membership any man who persistently refuses to comply with the laws of his own State and with the Code of Ethics of this Society. If hereafter he complies with them I should be the first to vote to take him back, as we welcome all repenting sinners; but when he persists in wrong-doing, I say let him suffer the penalty,—put him out.

Dr. QUATTLEBAUM. There is no question but that he is guilty, but at the same time he should not be condemned on *ex parte* statements. Every criminal should be given a chance to exonerate himself. He should be given a chance to make his statement.

Dr. BEADLES. We cannot go back of the evidence of the State Board of Examiners of the State of North Carolina. We can ask no better evidence than that. I second the motion of Dr. Beach that Dr. Holcomb be expelled from this Association.

Carried.

The CHAIR. Gentlemen, I am proud of your action in this matter.

Dr. S. W. FOSTER, Chairman *ex officio* of the Publication Committee, read his report, showing that The S. S. White Company had complied with its contract to publish the Transactions free of charge to the Society, extra for cloth binding and postage, and also read the following proposition from The S. S. White Dental Mfg. Co. in reference to publishing the proceedings of the present meeting:

Dear Sir,—Yours of the 19th to hand. We are perfectly willing to renew the proposition regarding the publication of the Proceedings of the Southern Dental Association which we made last year for the proceedings of the coming session, that is to say, "We will print the official proceedings in good shape, good paper, and bound in paper, without charge to the Association, provided the matter is delivered to us properly edited and ready for the printer. We will also supply any illustrations necessary, at our expense, to the amount of, say, fifty dollars. The only concession we exact from the Association is that we are to have the right to print any papers we may so elect to print in full in the *Dental Cosmos* previous to the appearance of the printed Transactions, and that no other journal is to have this right. But this is not to be understood as binding the *Dental Cosmos* to publish all or any of the proceedings in its pages; that is a matter over which the editor of the *Dental Cosmos* has exclusive jurisdiction. He alone must decide what is or is not admitted to its pages. Nor is this stipulation intended to prevent other journals from making proper abstracts of papers or such reports of the proceedings as they may choose to make."

Trusting that your coming session will be one which will redound to the credit of the profession and to those who take part in it, we are

Yours truly,

THE S. S. WHITE DENTAL MFG. CO.

F. L. HISE.

DR. S. W. FOSTER,
Atlanta, Ga.

Dr. T. M. ALLEN, Birmingham, Ala. There is one part of this proposition that I do not like,—that the White Company have the privilege of holding back our proceedings until they have gotten out of it all they want for the *Cosmos*. It makes it too late in reaching us. The proceedings of the meeting held last November were not sent out till the middle of July of this year. I do not approve of giving them the privilege of printing our papers in the *Cosmos* when they happen to have space to spare. I would rather pay my proportion and publish it ourselves. We could get it out earlier.

Dr. FOSTER. The S. S. White Company have given very courteous and satisfactory explanation of the delay,—due to the matter on hand before they were awarded the publication of our Transactions. I do not think it will be the case another year. I move that the proposition of The S. S. White Company be accepted.

Seconded and carried.

Dr. H. E. BEACH. In looking over the volume of Transactions for 1895, I notice that the Amendment to the Constitution relative to badges in connection with dues and clinics has been accidentally left out. It becomes necessary, therefore, to have a corrected edition printed, and I now ask the Association to authorize the Secretary to have the revised Constitution published in pamphlet form, not less than five hundred copies, and I do not think that a thousand would cost much more than five hundred.

Dr. CRAWFORD. Why not have it printed again as part of the proceedings of this year? The Constitution is constantly being changed, and it is something of an expense to get out these pamphlet editions.

Dr. BEACH. We need it in shape convenient for frequent and handy reference,—something that you can always have about you in your pocket. I move that it be published in pamphlet form.

Carried.

Dr. BEACH. I desire to make an appeal to the Association, and perhaps to the incoming officers, in the interests of the Association. Let it be made the duty of the incoming officers immediately after their election to begin the canvass of every Association within the borders of our territory, that they send their representative men as delegates to this Association. Ask every Association not merely to appoint delegates, but to have them elected at their annual meetings and urged to attend the Southern Dental Association. Let the officers cease not to agitate the matter till they get a reply in the affirmative or in the negative whether they will or will not send representative men as delegates to this Association. I love this Association, and I want to see it a success. It is hardly possible for me to stay away from a meeting. I love every member of this Association, officers and members (Assistant Secretary, etc.!). I love it as an organization, as the organization of our loved Southland, an organization in which we can work according to our own methods and make it convenient for the largest amount of work. I love it because it is lovely. I feel it in my heart that if I had never failed in any of my duties to this Association I should be a better man than I am. I want this delegate system instituted and organized and pushed for all it is worth. I want this Southern Dental Association to demand all the rights it is entitled to. I don't know what is going to happen, but if I should never meet with you again, I want you to remember this,—there is an arrangement by which all the College Faculties of the United States meet once a year, and this meeting is held at the time and place of the meeting of the American Dental Association. The National Board of Dental Examiners meets once a year, and it meets at the time and place of the meeting of the American Dental Association. I submit to you, is that right? (No! No! No!) A large proportion of the dental colleges are located in the Southern States. All of the Southern States have State Boards of Dental Examiners. Are they not entitled to have the National bodies meet with the Southern Dental Association? Am I not right? Is it not what we have a right to ask? I am in favor of demanding our rights. Because it is right, I would demand it. In my address to you last year I suggested that there should be

instituted and organized an Association that should be National in character, that should be composed of representatives of every State Association in our country in proportion to the registered dentists in each State, that should meet annually or biennially for the purpose of discussing the great questions concerning the dental profession. The National Association of Dental Faculties and the National Association of Dental Examiners could most properly meet with such a National body as I have portrayed. To be a truly representative body the members should be elected for one year. Then, if it was found that a man misrepresented his constituents, his State Association would have the right and privilege the next year to select men who would more truly represent their views. But when a member continues a member as long as he chooses to maintain his good standing by paying his dues, you can't touch him. If he misrepresents you, you can't do anything. But if his membership was purely elective, when he goes astray you can sit down on him. So I suggest to this Southern Dental Association, let us stir ourselves, let us get to work with due regard to the greatest good to the greatest number. Let us meet not in the extremes of our territory, but where it is to the best interests of all the dentists of the whole country and of the cause we represent.

The CHAIR. Dr. Beach has offered some valuable suggestions, and I hope the incoming officers will take heed, and that some action may be taken in the line of his suggestions.

Dr. J. Y. CRAWFORD. There was one idea put forth that is somewhat misleading. The American Dental Association is a purely representative body. Its membership depends upon the good standing of its members at home. Every delegate has to be a member in good standing of some society at home. While a man may become a life member by paying his dues and keeping in good standing, yet if he forfeits his membership in his home society, he also loses his membership in the American Dental Association.

Dr. BEACH. While nominally a representative body, it nevertheless fails to represent the sentiment of the profession at large. A man may be in good standing, and perfectly ethical, and yet may misrepresent the true sentiment of the majority of the people of his State.

The CHAIR. Balloting for the place of meeting is the next order of business.

Dr. C. H. FRINK, Lake City, Fla. The Mayor and Board of Trade and the City Council of St. Augustine, Florida, tender you a most cordial invitation to meet in that city. Dr. Smith is the bearer of the official invitation.

Dr. S. EWING SMITH, St. Augustine, Fla. Mr. Chairman, and

Gentlemen: We cannot offer you inducements to visit us in midsummer, but if you will come to us in the fall or winter you will find St. Augustine one of the loveliest places on earth. In summer it is something like this place. If you can make arrangements for a winter meeting we can offer you the greatest inducements, though we would do well by you even if you came in July or August.

Dr. Smith then read the following:

ST. AUGUSTINE, FLA., July 22, 1896.

To the Members of the Southern Dental Association, Greeting:

WHEREAS, At a meeting of the City Council, held this date, it was resolved that an invitation be extended to your Association to hold your next annual convention in this city, a committee was appointed, consisting of three members and the President of the Board, to draft such invitation:

The said Committee and the Mayor, upon behalf of the City of St. Augustine, Fla., earnestly invite you to hold your next annual convention in this city, assuring you that its people will see that you are most heartily welcomed. Our many interesting attractions for the visitor, coupled with unsurpassed hotel accommodations, render our city particularly adapted for conventions.

We trust the invitation will receive favorable consideration; we want you to visit our City by the Sea.

Yours very respectfully,
A. J. WATTS, *Chairman;*
H. B. PARIS,
JOHN POPINA,
HETH CANFIELD, *President;*
H. GAILLARD, *Mayor.*

Attest:
P. S. ARNAN,
City Clerk.

ST. AUGUSTINE, FLA., July 27, 1896.

To the Members of the Southern Dental Association, Greeting:

The following members of the Board of Trade of the City of St. Augustine extend a cordial invitation for you to hold your next mid-winter convention in this city.

We can make your visit one long to be remembered. We will offer a continued program of entertainment, consisting of concerts, balls, banquet, excursions to the beaches, sailing, fishing, aquatic sports, etc.

We have many attractions worth coming miles to see, such as Fort Marion, City Gates, Sea Wall, Cathedral, and other ancient specimens of Spanish architecture.

Trusting this invitation will receive favorable consideration, we remain

Respectfully yours,
W. S. M. PINKHAM, *President;*
G. S. MESERVE, *Secretary;*
R. J. OLIVER,
W. A. MACWILLIAMS,
WALTER B. DRYSDALE.

The CHAIR. Both time and place are determined by ballot. It is important to bear the *time* in mind when nominating the *place;* to have the Association "on wheels" is bad for it, as this meeting proves.

Dr. V. E. TURNER. No specific time can be fixed for the meeting of this Association, as that would exclude some portions of our territory from participation in the meetings. If we are to have only midsummer meetings, New Orleans, Florida, etc., will be excluded, for though it may be only a tradition, still we labor under the impression that it is very hot down there in July and August.

Dr. C. E. KELLS. Tradition should not be made the rule; we enjoyed as pleasant days in New Orleans last week as any I have had here.

Dr. E. P. BEADLES. I am the only man present from Virginia, but I will say that we would be delighted to have you at Old Point Comfort. You have been there before, and I need not mention the inducements. I will say, however, that besides The Hygeia, which you all know, a new hotel has just been built, which is much larger and much finer than The Hygeia, so that you can have the very best accommodations.

Dr. RICHARDS. We have learned what it is for our officers to be cut short in the time for preparation for a meeting. We could not be ready in six months, as would be necessary if we are to meet in Florida. Even a year's time is not always enough in which to work up a good meeting. In Tennessee we are going to have an exposition, in Nashville, which will extend from early spring till late in the fall. As you may have a prejudice against Nashville in midsummer, I offer you a place which is near enough to Nashville to give you all the advantages of visiting the exposition, and yet so located as to offer every advantage for a summer meeting. I nominate Mont Eagle, Tenn., a place where you can enjoy music, lectures, etc., and it is *a dry town*—there is no whiskey there. I would be glad if you would come to the Chautauqua of the South.

Dr. U. D. BILLMEYER, Chattanooga, Tenn. I am authorized by the President of the Lookout Inn Company to invite you to meet at his hotel. There is now an incline railway which takes you directly to the Inn.

St. Augustine, Fla., Old Point Comfort, Va., Mont Eagle, Tenn., and Lookout Inn, Tenn., having been placed in nomination, ST. AUGUSTINE was chosen on the first ballot.

The CHAIR. Prepare your ballots for the time of the meeting.

Dr. —— ———. I move a reconsideration of the vote on the place of meeting. A meeting in St. Augustine must be held in midwinter. This coming winter is too soon, as we had a meeting last

winter. It would give us three meetings almost within a year. A year from next winter is too far away, as we must meet annually.

The CHAIR. I endeavored to impress upon your minds that in nominating the place the time should also be borne in mind. In view of the facts stated by the speaker, you will please prepare your ballots again for place of meeting, bearing in mind the *time* in connection with the *place*.

Mont Eagle, Old Point Comfort, and St. Augustine were again placed in nomination, Old Point Comfort securing a large majority of the votes cast.

The first Tuesday in August, 1897, being the only *time* placed in nomination, the rules were suspended, and the Secretary cast the unanimous vote in favor of that date.

Dr. W. R. CLIFTON. I move a vote of thanks to the Mayor and other officials of St. Augustine for the kind invitation extended to the Association, with an expression of the sentiment of the Association that we shall be delighted to visit St. Augustine when the *time* can be so arranged. This year it seems to be an impossibility.

Carried.

The CHAIR. Nominations for President are next in order.

Dr. R. K. LUCKIE made an eloquent speech in nominating Dr. W. H. Richards, of Knoxville, Tenn.

Drs. E. P. Beadles and R. K. Luckie were also placed in nomination.

Dr. Richards was elected President on the first ballot.

Drs. A. P. Johnston and E. P. Beadles were nominated for the office of First Vice-President. Dr. Johnston having declined very positively in favor of Dr. Beadles, the rules were suspended, and the Secretary cast the unanimous vote of the Association in favor of Dr. E. P. Beadles, Danville, Va., as First Vice-President.

Dr. A. P. Johnston, Anderson, S. C., was unanimously elected Second Vice-President, there being no other nomination.

Dr. U. D. Billmeyer, Chattanooga, Tenn., and Dr. F. P. Welch, Pensacola., Fla., were nominated for Third Vice-President, Dr. Welch being elected on the first ballot.

The election of Dr. B. D. Brabson, Knoxville, Tenn., as Treasurer for the ensuing year *on the first day of the meeting* having been pronounced unconstitutional and void, he was again unanimously elected to the office.

Dr. C. L. Alexander, Charlotte, N. C., was unanimously elected Corresponding Secretary.

Dr. S. W. Foster was re-elected Recording Secretary, the President casting the unanimous vote of the Association.

Dr. W. R. Clifton, Waco, Texas, was nominated to succeed himself on the Executive Committee.

Dr. T. H. Parramore, Hampton, Va.; Dr. J. F. Griffith, Salisbury, N. C.; and Dr. H. E. Beach, Clarksville, Tenn., were nominated to succeed Dr. Gordon White, whose term expires with the present meeting.

Dr. Griffith having declined the nomination, the name of Dr. Parramore was withdrawn, and Dr. H. E. Beach was unanimously elected; the result of the elections in full being as follows:

Dr. W. H. Richards, Knoxville, Tenn., President.

Dr. E. P. Beadles, Danville, Va., First Vice-President.

Dr. A. P. Johnston, Anderson, S. C., Second Vice-President.

Dr. F. P. Welch, Pensacola, Fla., Third Vice-President.

Dr. C. L. Alexander, Charlotte, N. C., Corresponding Secretary.

Dr. S. W. Foster, Atlanta, Ga., Recording Secretary.

Dr. B. D. Brabson, Knoxville, Tenn., Treasurer.

Executive Committee consists of Dr. S. B. Cook, Chattanooga, Tenn.; Dr. V. E. Turner, Raleigh, N. C., one year.

Dr. W. T. Arrington, Memphis, Tenn.; Dr. R. K. Luckie, Holly Springs, Miss., two years.

Dr. W. R. Clifton, Waco, Texas; Dr. H. E. Beach, Clarksville, Tenn., three years.

Dr. S. W. FOSTER. Some time ago Dr. B. B. Smith, of Pensacola, Fla., wrote to me tendering his resignation. He asked me to let him know the amount he owed the Association and he would send it to me. I at once forwarded the letter to Dr. Lowrance, Treasurer. I find no reference to this in the papers Dr. Lowrance forwarded with the Treasurer's books. I have more recently learned that Dr. Smith has violated the code of ethics. His resignation is before you for action.

Dr. H. E. BEACH. If Dr. Smith has become a disreputable practitioner, and if he has not paid his dues, his resignation cannot be accepted. We can only expel him under those circumstances.

Dr. WELCH. He has violated the code in publishing a cut-rate list of the very lowest prices. I do not know whether he had sent in his resignation before making this advertisement or not, as I do not know the date of his resignation.

Dr. W. R. CLIFTON. His resignation can only date from the time the Association acts upon it.

Dr. V. E. TURNER. The question might arise whether a resignation could be accepted by an officer of the Association between meetings, or if it can only be accepted by being acted upon at a regular meeting of the Association.

The CHAIR ruled that no officer has authority to act in a matter of this character. The Society must act as a body.

Dr. MASON. Dr. Smith must have been under the impression

that the Treasurer could accept his resignation, and he undoubtedly wished to go out honorably by paying up his dues in full and resigning before entering upon his present course.

Dr. BEADLES. I move that the Treasurer be instructed to inform Dr. Smith that he is in arrears, and that his resignation cannot be entertained until his indebtedness is settled.

Dr. CRAWFORD. I move to lay the resignation on the table.

(No! No! No!)

The CHAIR. A resolution has been offered that his resignation will be accepted when he has paid up his dues.

Dr. J. Y. CRAWFORD. I hope that resolution will not pass. It should not go on the books that the Association deals liberally with offences of this character. It would establish a precedent that might demand recognition and force us to recognize unprofessional conduct. When his dues are paid the Treasurer can strike his name from the roll, but don't put it on record that a man has been allowed to resign honorably after such a violation of the code of ethics. It is the synonym of corruption and dishonorable conduct. Shame upon the man who lays himself liable to the ignominy of such unprofessional confession of incompetency—this Dental Parlor business. I make a motion that he be suspended until our next meeting. I offer this as a substitute for the motion made.

Dr. BEACH. No charges have been preferred, and there is therefore no ground for suspending him. I move, as a substitute, that the resignation be not accepted.

Dr. MASON. It amounts to this. If it is not accepted, we shall have to expel him eventually. A man who has once started on this downward path will never stop. I do not ask your leniency for the sake of Dr. Smith individually, but in the name of humanity. He undoubtedly thought he was doing his duty honorably in tendering his resignation before going into this business.

The resolution of Dr. Beach being put to vote was carried.

Dr. S. W. FOSTER. I have here a communication from Dr. Williams Donnally in reference to the Army Medical Museum and Library.

Dr. H. E. BEACH. As our time is limited and we are familiar with the subject, I move that it be read by title and referred to the Publication Committee.

Carried.

1022 FOURTEENTH STREET, WASHINGTON, D. C., July 21, 1896.

DR. S. W. FOSTER, *Secretary Southern Dental Association.*

Dear Doctor,—I send you under separate cover a few circulars relating to the matter of a National Dental Museum and Library under the fostering care of the Army Medical Museum and Library.

The Committee will present a report to the American Dental Association recommending a systematic plan of promoting this important and essential interest of the dental profession. We have already had encouraging action by a number of State and Local Societies, and the plan we propose is but an extension of what these Societies have done,—namely, the indorsement of the action of the American Dental Association and the appointment of a Committee by each Society to act as auxiliaries to the National Committee, appointed by the American Dental Association.

These Committees will be charged with the duty of disseminating information relating to the institution and the value to the dental profession of a collection illustrating the condition of the science and art of dentistry, and also the gathering of specimens, etc.

There is already much material for the Dental Section of the Museum, some of it in place, and a larger and more valuable number scattered through the general collection awaiting selection by competent dentists. The authorities are very anxious for us to utilize all they have which has a special value to dentists and oral surgeons, this kindly offer alone affording specimens for the Dental Section of the Museum worth thousands of dollars, and they are of such character that the dental profession could not duplicate them from their own resources in fifty years. The institution is abundantly supplied with funds, and can readily provide facilities—cases, etc.—for all that may be contributed. Nothing is desired for its intrinsic value; everything of value because of its relation to the science or to the art of dentistry, *is desired.* It is expected to rival in interest and value the collections of the other specialties, and it should be a matter of professional pride and loyalty to outdo the other specialties. We must be judged by the thousands of visitors, students, and teachers by the showing we make in comparison with the specialties of medicine. We cannot shrink from the responsibility without continuing to be represented by the selection of literature and specimens made by the medical men in charge. Now, the purpose of this letter is to ask you to present the subject, or ask some one to do so, to the Southern in the name of the Committee (whose names appear on the circular), explaining the scheme and asking an indorsement of what has been done and the appointment of a Committee to co-operate with our Committee in forwarding the work, the same as other Societies are doing, North, South, East, and West. Dr. Holly Smith would probably take pleasure in presenting the matter, but we have no choice, leaving it to you or some one you select. We trust you will, at least, bring the matter to the attention of the Southern and secure the moral support of a favorable indorsement. Dr. A. R. Melendy is Chairman of his State (Tennessee) Committee and is familiar with the subject. Dr. Taft may be present and explain the work we are endeavoring to accomplish.

While the institution is abundantly appropriated for by Congress, and all the expense of purchasing literature, specimens, cases, and the numerous other requirements are provided for (the contributions desired of dentists being such as relate to etiology, pathology, treatment, apparatus, college appliances, etc.), the expense of our Committee and the Auxiliary Committees must be met by the American Dental Association, the National Association of Faculties, and the Southern. The expense is almost exclusively for printing, postage, etc. The plan contemplated will call for at least ten thousand circulars. If the Southern will contribute $30 to $50 of this fund, we feel quite confident the returns will be abundant and early. The Facul-

ties are almost certain to contribute, but the main reliance is on the American Dental Association, which undertook the work, expecting, however, that the plan of the Committee would compass the scheme without much expense.

If there is any objection to appropriating for this cause, don't push it. We want it to be free and spontaneous, as other needs of the kind are responded to by the Southern.

We will not use any money for any purpose unless the appropriation of the American Dental Association is larger than that of other Societies.

The institution paid $390 for specimens last month that dentists ought to furnish free. Dental literature will be purchased to the extent of the call therefor.

If you apply there for a dental work not in store, it is immediately ordered. They buy everything they think of value in any language. (See Bibliography of Dental Literature in *Dental Cosmos.*)

I hope I have not bored you by the length of this.

Sincerely and fraternally,

WILLIAMS DONNALLY, *Chairman.*

Dear Doctor,—The thirty-sixth annual meeting of the American Dental Association formally recognized the Army Medical Museum and Library as the National Museum and Library of the dental profession of the United States, and appointed the undersigned a Committee to co-operate with the officer in charge of this institution "in enriching its stores of dental literature and museum specimens."

It is quite unnecessary for this Committee to enlarge upon the value, to the dental profession and the general public, of a National Collection which would at all times illustrate the past history and present condition of the science and art of dentistry. It should be amply sufficient, in order to arouse the active interest and elicit the hearty support of every member of the dental profession, to call attention to the fact that the *United States Government has established and will permanently maintain such a collection at the National Capital,* in connection with similar collections covering every branch of medicine and surgery. At first this institution was limited to military medical subjects, but later greatly broadened its scope until now it is practically a medical department of the Government, perpetuated under a settled policy, maintained by Congressional appropriations, housed in a large building erected for the purpose, extended to cover the whole field of medicine, and opened to the public—the intellectual property of all professions and classes, the recognized National Collections of the medical profession.

It is visited by over 50,000 persons, and consulted by over 3000 students, annually.

The Museum contains about 35,000 specimens, of which over 12,000 are pathologic.

The Army Medical Library is admittedly, throughout the world, the largest and most complete of its kind in existence. It contains three-fourths of the medical literature of the world and nine-tenths of the medical literature of the past ten years. There is a constant daily addition to its 120,000 bound volumes, 190,000 pamphlets, and 1200 current periodicals. Its literature is not only greater in volume than the medical literature of either the Library of the British Museum or the National Library of France, but covers a wider field and forms a better practical reference and working collection. Its value is greatly enhanced by an unequaled index-catalogue of 18,000 pages.

The dental section of this library contains a large and choice collection of the recent literature in English and other languages relating to dentistry, and our effort should be to make this section complete, especially with regard to the rarer publications which disclose the conditions from which modern dentistry developed and reveal the history of the operation of the forces and factors concerned in the evolution of a distinct profession. While most of

the current literature is bought, the contributions of publishers and authors would permit the money available for the purchase of their works to be used in other directions equally as essential to the purposes of the institution.

The Army Medical Museum contains but the nucleus of a collection of specimens relating to dentistry, which is as unfortunate as it is strange, since so much of dentistry can be illustrated by models, drawings, photographs, etc. It cannot be said that the dental profession is lacking in zeal for its advancement, but it must be confessed that it has too long failed to utilize this opportunity to accumulate, preserve, and exhibit, at Government expense, the evidence of its progress and attainments. Many thousands form their estimates of the value of the attainments of the various branches of medicine and surgery by comparing here their exhibited specimens. For this reason as well as for the educational advancement of the dental profession, we should make this collection the greatest object lesson in the world.

This institution could easily be made of great advantage to the dental colleges as a "clearing house" for the exchange of duplicate literature, and of objects, drawings, casts, etc., used in teaching. It would not be an extension of its purposes to illustrate here the methods, apparatus, and appliances used in college training.

Without attempting to detail the kind of specimens needed, it is safe to say that anything illustrative of any part of the subject of dentistry, or which would, in connection with other specimens, throw light on the etiology, pathology, or treatment of the diseases and deformities of the teeth, jaws, etc., would attain a greatly enhanced value by being placed here as parts of a complete collection.

☞ Every specimen contributed should bear a correct label, a concise history, the name of the contributor, and addressed, prepaid, to the Army Medical Museum and Library, Washington.

Never was there opportunity freely offered a profession to demonstrate its value, to acquire a higher rank among the learned callings, to acquaint the professions and the general public with its achievements, and to secure the preservation and exhibition of all things pertaining to it of present or future historical and educational value.

We appeal to the Dental Societies and to individual members of the profession to regard this interest as one of transcendent importance, and, leaving it not solely to the hands of medical men, to so promote it that the hand and mind of the profession may be seen in the result of the efforts to make the dental section completely illustrate all matters within the broadened scope of dentistry.

We invite correspondence, and will otherwise, in any way possible, serve you in furthering the object for which the American Dental Association appointed us.

WMS. DONNALLY, Washington, D. C ,
J. TAFT, Cincinnati, O.,
L D. SHEPARD, Boston, Mass.,
J. H. MCKELLOPS, St. Louis, Mo.,
HENRY W. MORGAN, Nashville, Tenn.,
Committee.

WAR DEPARTMENT,
SURGEON GENERAL'S OFFICE,
U. S. ARMY MEDICAL MUSEUM AND LIBRARY,
Corner 7th and B Streets, S W.,
WASHINGTON, D. C., December 10, 1894.

DR. WILLIAMS DONNALLY,
1022 14th Street, N. W., Washington, D. C.

Dear Sir,—Your letter of December 10 is received. The Army Medical Museum and Library are collections which attempt to cover the whole field of medicine, including dentistry.

The Library contains a large collection of books, journals, and pamphlets relating to dentistry, and an attempt is made to secure all the new publications of value in this branch in all languages. The Museum contains between 400 and 500 specimens of casts of abnormities and deformities of the jaws and teeth, but it should have at least ten times as many to properly illustrate

this subject, and there should also be an extensive series illustrating the effects of various forms of treatment.

The collections are contained in a fire-proof building, which is of ample size to permit of their expansion, and it is certain that everything contributed in the way of library or specimens will be properly preserved and exhibited, and duly credited to the donors. The collections are intended for public use and study, and are available for the researches of any one who chooses to come to the building for this purpose.

I have attempted in past years to call the attention of the dental profession to this institution as one which they should endeavor to make complete in all matters relating to the pathology and treatment of diseases of the teeth and jaws, so that it might be considered by them as their national collection of literature, specimens, apparatus, etc., to illustrate the history and conditions of dentistry, just as other sections of the Museum and Library are considered to be their national collections by the physicians, surgeons, and specialists of the country, and it appears to me that more definite, useful, and permanent results can thus be obtained than are likely to follow from an attempt to create a new museum and library devoted exclusively to matters of interest to the dental profession.

Very respectfully,
JOHN S. BILLINGS,
Dept. Surg. Genl., U. S. Army,
Librarian, S G. O.

WAR DEPARTMENT,
SURGEON GENERAL'S OFFICE,
U. S. ARMY MEDICAL MUSEUM AND LIBRARY,
Corner 7th and B Streets, S. W.,
WASHINGTON, D. C., September 20, 1895.

DR. WILLIAMS DONNALLY,
1022 Fourteenth St., N. W., Washington, D. C.

Dear Sir,—I have the honor to acknowledge the receipt of your communication of September 16, inviting attention to the action of the American Dental Association in relation to the Army Medical Museum, as reported in the *Dental Cosmos*, and in reply will say that we shall be most happy to co-operate with your Committee with a view to the formation of a collection thoroughly illustrative of all matters pertaining to the subject of dentistry.

Our Museum already contains quite an extensive list of casts of maxillæ illustrating physiological and pathological dentition, presented by Dr. Samuel Sexton, of New York City; also a number of miscellaneous specimens, casts, etc , from various sources, as well as quite a complete anatomical exhibit of the normal development of the teeth.

With regard to the contributions considered desirable, I would suggest casts, photographs, and specimens of anomalous dentition; diseases of the maxillæ and oral cavity; photographs or casts of surgical operations, showing, if possible, the condition of parts before and after operations; photographs of prothetic apparatus, and all miscellaneous exhibits which may lend an interest to the subject of dentistry. All specimens, casts, etc., should be accurately labeled, and a concise description or history given when possible.

In any matter of detail on this subject we shall be ready at any time to give you advice or suggestion.

Very respectfully,
D. L. HUNTINGTON,
Deputy Surgeon General, U. S. Army,
In Charge of Army Medical Museum and Library.

On motion, adjourned to 8.30 P.M.

THIRD DAY—NIGHT SESSION.

Called to order at 8.30 P.M. The minutes of the last session were read and approved.

The Treasurer offered the following report:

B. D. BRABSON, in Account with Southern Dental Association.

DR.

By Cash from Dr. Lowrance	$170.04
" " " Members	180.00
	$350 04

CR.

To Cash, Mrs. Walker	$100.00
" " Dr. Beadles	11.54
" " The S. S. White Dental Mfg. Co.	36.08
" " Dr. Foster	65.35
" " Dr. Kells's use of Battery Park Electric Current	10.00
" " N. Y. Exchange	.40
	$223.37
Balance on hand	$126.97

Respectfully submitted,

B. D. BRABSON, *Treasurer.*

ASHEVILLE, N. C., July 31, 1896.

On motion, it was accepted and ordered filed with the records.

Dr. H. E. BEACH. I move a vote of thanks to Dr. C. E. Kells for his interesting and instructive exhibition of the X rays. Carried.

Dr. H. E. BEACH. I move a vote of thanks to The S. S. White Dental Manufacturing Company for their courtesies and kindness in assisting in our preparations for clinics.

Dr. R. K. LUCKIE. I second that motion. I have never attended a meeting yet that we have not received the same kindness from that company. On the present occasion they freely offered to lend us everything we might need, without any expense to the Association.

Carried.

Dr. G. F. S. WRIGHT. As an evidence of our appreciation, I move a vote of thanks to the Local Committee of Arrangements.

Carried.

Dr. S. W. FOSTER. I move a special vote of thanks to the manager of this hotel, Col. E. P. McKissick, on the part of this Society, for the very courteous entertainment we have received at his hands. In all my communications with him I have found him extremely courteous and cordial.

Dr. BRABSON. I second the motion, and add that the Secretary be instructed to formally inform Col. McKissick of this action of the Association.

Carried.

The CHAIR. The Secretary will consider himself instructed to carry this out.

Dr. MASON. I move a vote of thanks to the Committee of Reception, and also to the local dentists for their attentions.

Carried.

Dr. V. E. TURNER. I move a vote of thanks to the railroads for their concessions in rates.

Dr. BEACH. They made no concessions for us. The regular summer excursion rates were lower than what they offered us.

Dr. MASON. I move, and I hope it will be seconded, that the American Dental Association be requested to hold their next annual meeting at the same place as that selected by the Southern.

Dr. BEACH. I move to lay that resolution on the table.

A division being called on the motion of Dr. Beach, it was negatived.

Dr. BEACH. I do not feel that it is the best thing for us to do,—to *invite* them to meet at the same place. They will know where we are to meet, and have the option of meeting there if they think best. We are not clothed with authority to invite them to meet where we have been invited to go. I would like to have them to do so, but we have no authority to invite them.

Dr. J. Y. CRAWFORD. I have a little statement to make. We are all familiar with the question that has been agitated for the last two years. I have nothing to say as to the merits of the case. I have not yet made up my own mind about it. But the question is up for consideration, and many men have made up their minds that they want the union. There is a committee from the American Association, and a committee from the Southern Association, and they are expected to meet in conference and report back to their respective bodies. If this matter is settled by the two committees, whichever way it is settled somebody is going to be not satisfied, and the committees will bear the blame. If the two Associations could meet at the same time, and in the same place (I do not say hold a joint meeting), then the rank and file of the two Associations can act on this question, and relieve the committees of a very onerous duty. We can meet in different halls, and the matter can be talked over quietly. If we conclude that we do not want our Society obliterated, the Society will have the responsibility of making the decision,—not the Committee. We are having hard times this year; we are passing through a financial crisis. No matter what the result of the November elections may be, it will still be "hard times" next year; in twelve months from now it will be as bad as it is now, and it will be a hardship financially to many of us to have to attend two meetings at different times and places. If both meetings are held at Old Point Comfort, during the same week,

we can have the benefit of both, and this troublesome question can be settled in both Societies without prejudice. The two Societies have had meetings at Louisville at the same time; they had meetings at Old Point Comfort virtually at the same time, and both of those meetings were followed by a *revival*, an increase in membership and in usefulness. It stimulated the ambition and the pride of the Southern members. I would rather see the American fail, by a big sight, than the Southern. I have leaned to the side of the Southern boys all my life.

Dr. V. E. TURNER. I agree with Dr. Beach. I think perhaps it is hardly necessary that we should send a special invitation to the American Association to meet us at Old Point Comfort. I like Dr. Beach's suggestion that we say that it would be agreeable to us if the American Association should see fit to meet at Old Point Comfort, and I will second Dr. Beach if he makes a motion to that effect.

Dr. MASON. I accept the amendment that it will be agreeable to the Southern Association if the American should meet at the same time and place.

Dr. FRIEDRICHS. I think that will kill the goose quicker than anything else. It is quite agreeable to me.

Dr. Mason's resolution, as amended by Dr. Beach, was put to vote and carried.

Dr. J. F. GRIFFITH. It is due to the dentists of North Carolina that a word of explanation should be given as to why so few members of our State Association are present. It is quite customary for the State Association of the State in which the Southern Association meets to meet with the latter in joint session, but the date of your meeting was set too late for us to meet with you. The law fixes the time for the meeting of the Board of Dental Examiners, and the State Association meets at the same time. But for that fact we should have met with you, and you would have seen more North Carolina dentists here. We are loyal to the Southern Association, and loyal to professional interests, but we are not millionaires, and there are many of us who cannot spare either time or money to attend another meeting in the extreme northern portion of the State, having already attended our own State meeting.

The CHAIR. The few who have been with us have proved a host within themselves. (Applause.)

The next order of business being the installation of the newly-elected officers, Drs. Beach and Griffith were appointed to conduct them respectively to the platform. The hall being engaged for other purposes after 9.30 P.M., it became necessary to abbreviate the final proceedings, and the speeches of the officers elect were brief though eloquent and to the point. Dr. A. P. Johnston, the Second Vice-

President, won much applause by a humorous dialect recitation, "The Puzzled Dutchman."

On motion, the Secretary was instructed to write appropriate letters to Dr. W. W. H. Thackston, Dr. W. H. Morgan, Dr. H. J. McKellops, and Dr. I. B. Patrick expressive of the regrets of the Association for their absence from the present meeting.

(Before going to press the following characteristic reply was received from Dr. Thackston :)

FARMVILLE, VA., August 4, 1896.

DR. S. W. FOSTER,

Secretary Southern Dental Association, Atlanta, Ga.

Dear Dr. Foster,—With a heart full of gratitude, I beg to acknowledge receipt of the kind greetings and continued good wishes of the officers and members of the Southern Dental Association.

I feel embarrassed for words to express my appreciation of the kind feelings and generous sentiments which have ever been accorded me by my loved and honored friends of the Southern Association. I wish I could think that I merited and deserved the regard and consideration that the "Southern" has always manifested towards and for me; but, in truth and sincerity, that regard and consideration is not the less prized and appreciated because unmerited.

Please convey my renewed thanks to the officers and members of our grand and noble Southern Dental Association. Give to each and all the blessing and benedictions of an old "fellow-craftsman" whose noontide and meridian is now in the past, and whose footprints are on the down grade of life.

Please also accept for yourself my thanks for the graceful and happy manner in which you transmitted the action of the Association; and believe me, Very truly and fraternally yours, etc.,

W. W. H. THACKSTON.

On motion—

Adjourned to meet at Old Point Comfort, the first Tuesday in August, 1897.

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